FOR STATE HEALTH DEPT

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2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08498

8494	1	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	Wicomico MARYLAND	Maryland b. county							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
-	Salisbury	× Newark							
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
_	Peninsula General Hospital	YES NO							
3.	NAME OF First Middle	Lost . 4. DATE Manth Doy Year							
	(Type or print) William HENDERSON	Adkins DEATH 7- 22- 1958							
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yours left birthday) Months Day Harm Hars.							
	M WIDOWED DIVORCED	JAN. 23, 1890 68 yrs. Months Doys Hours Min.							
10	to. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
1	SALESMAN WATKINS PRODU	ET NEWARK MO U.S.A							
7	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	JAMES S. ADKINS	ANNIE HENDERSON							
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address							
T I	es, no. or unhapma) (If yes, give wor of dates of service) 217-28-4699 /	YING WH. ADKING BEGUN MI							
=	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL DETWEEN							
	PART I. DEATH WAS CAUSED BY:	est under anesthesia Sudden.							
	O Ford	Saucent							
	7 4 7 DUE TO								
	Canditions, if any, which gave rise to immediate couse (b)								
	(a), stating the underlying DUE TO								
1,	(6)	HOT BELATED TO THE TEDIKINAL DISEASE COMBITION CHIEF IN BART 1/ 1/10 WAS SUTTORY							
3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II Bleeding duodenal ulcer: severe anemia. 20a. EXTERNAL CAUSE WAS PRIMARWIO or CONTRIBUTING CAUSE OF DEATH. Cardiac arrest while being anesthesized.								
100	DISCULLING AUGUSTAL ALLOST, SOVEL) us ti we ti							
FPT	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E CAUSE OF DEATH.	inter noture of injury in Part I or Port II of item 18.)							
		while being anesthesized.							
MEDICAL	20c, TIME OF INJURY Month, Doy, Yeor 20d, INJURY OCCURRED 20e, PLACE	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ory, street, affice bidg., etc.) (Stote) en, Gen. Hosp. Salisbury Wicomico Md.							
N N									
	21. I certify that I took charge of the remains described abo	ve, held an Autapsy , Inspection , Inquiry , and in my							
	opinion death resulted fram: Natural causes , Accident	X. Suicide , Hamicide , Undetermined manner							
	60,0								
	SIGNATURE CONTRACTOR	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED							
	- VALUE OF THE PARTY OF THE PAR	ASSISTANT MEDICAL EXAMINER							
	EXAMINER'S NAME (Type) Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER 7-22-58							
2	0. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY. 22d. LOCATION (City, town, or county) (Stote)							
	BURIAL 7/25/58 BO WE	N NEWARK MD							
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
	Anna A. Durhage Berlin	Md. DATE IIII 25 '58 Plefebre							
1	A	July 2							

TO DEPUTY MEDICAL EXAMINER: This cartificate shauld be executed within 24 haurs after death. If any its necessary, please execute the certificate, writing the way pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the feral director. Page 4 should be forwarded to the Chief A. Cal Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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8495 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certified has been signed by the attending physician and completely in by the funeral director, page 3 should be detached far use as burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. M VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 197

1. PLACE OF DEATH	2.	USUAL RESIDENCE (Whe			dence before admission)
o. COUNTY	MARYLAND	VIRGINI	A	B. COUNTY A C	COMAC
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TOWN (If au	itside carporate lin	nits, write RURAL or	nd give nearest town)
SALISBURY 3 DAY	<	NEW	CHU	RCH	83 X = 3
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS	1 0		e. IS RESIDENCE ON A FARM?
PENINSULA GENERAL HOSPIT	AL	KELLY	's CAI	m P	YES NO
DECEASED	iddle	Lost	4. DATE OF	Month	Day Year
(Type or print) PRISCILLA	171	VARADO	DEATH	JULY	25 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M	ARRIED 6. D	ATE OF BIRTH	9. AG	E (In years IV UND birthday) Manth	DER I YEAR IF UNDER 24 HRS
LINALE COLUMN	DRCED C	FT. 7,19:	56	/ yrs. 20	18
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINE during most of working life, even if retired)	SS OR INDUSTRY	11. BIRTHPLACE (State o	r fareign country)	12.	CITIZEN OF WHAT COUNT
-HXTQN	17	Tous	fn.		USD:
13. FATHER'S NAME	1	. MOTHER'S MAIDEN NA	AME	-	
TVANCISCO ALVARADO		EstetAx	UA X	101105	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFO	RMANT		Address	
HO -	8	Estania 6	Eluna	ado-na	eu cherch
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and	1 (c).)	1, 7	1	0.12	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Conacsti	ue He	Art tout	uco a	nel flien	ONSET AND DEATH
053,1 DUE TO 20,1	17 ×		11	4	
Conditions, if any, which) the State of	MALA	10610	16 Ciril	C	4 day
gave rise to immediate		1			7 0 0 0
lying course last					Ú Ú
Z // PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	RELATED TO THE TERMIN	NACDISEASE CON	DITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY
Allacabier with dal	and in	(Z)/	BRACK	1001.1.	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJU	RY OCCURRED. (6	nter nature of injury in Po	art I ar Part II of	item 18.)	113 140
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Hame, farm,	20f. (City or lay	vn)	(County) (State
Hour o. m. While Not while of work of work	factory	street, affice bldg., etc.)			
	1-77	- 1056 . 7-	-25 -	*** K.	
21. I certify that I attended the deceased fram.		-, 19-32, 10-1-			I last saw the deceas
alive on 19 3, and	that death oc		.M, fram the DDRESS (Street, c		the date stated aba
ACTUAL HILLS SELECTION OF THE	11	71-1	a offer	ity or town, state)	DATE SIGN
SIGNATURE // CYCLLUCE 7 000	# M.D	10000	anatel	coure.	1/26/3
PHYSICIAN'S NAME (Type)		Salvet	elley	Mid	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	CEMETERY OR CI	EMATORY	22d. LOCATION (City, tawn, ar caunt	y) (State)
REMOVAL (Specify) 7-26-58 RIP.	villa:	Tem 200 -	THE	10000	1/5
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24n REC'D	BY REGISTRAR	200 REGISTRAR'S	SIGNATURE
Odes - Who too - now	Dr.	4. CO DATE TUL	2 9 '58	Clined	uch
Charles of white	Lywort	THE DAIR			

MAINVARIED STATE DESARTMENT OF MEALTH-BALTIMORE, 18

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Page 1	
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	equi est lugararia (la «Calimas IIII) I de la calimas (la calimas IIII) I de la calimas (la calimas III)
	THE PERSON NAMED IN COLUMN

1 8496

CERTIFICATE OF DEATH

Reg. Dist. No.

08498

-		Keg. Dist. No.	
1.	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 9. STATE b. COUNTY	
	MICOMICO	Harrano Perconce	3
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)	
_	Jalisbury	X'Welippun.	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS / () e. IS RESIDER ON A FAI	NCE RM?
	reminsula General Hospital	R.7. D. # 9 YES N	0 🛛
3.	NAME OF First Middle DECEASED (Type or print)	Bailey A. DATE Month Day Year DEATH July 11 19	
5.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 2. lost birthday) Manths Days Hours	-
	Female (WIDOWED D) DIVORCED [1/1/1883 - lost birthday) Months Days Haurs	Min.
10	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even (Exelified)	BY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT CO	UNTRY?
1	domestic	montand 715 A	
130	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
1.	Handred Darkooll	O Stolles +	
		FORMANT / Address	-
-	(18 yes, give wor or dotes of service) 2.19-05-3331.	gola Brown n. Cerey Rot	12
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWI	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	elling Deleutous Couli	٥.
	LA. LA. X DUE TO		
	Conditions, if ony, which) (b) cellelle	lipleus-sellesis. 15tha	VD.
	gave rise to immediate couse (a), stating the under-		
	lying couse lost. (c)	U U	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	OPSY D?
3	1) allia.	YES N	
CERTIFICATION	206. ACCIDENT WAS UNDERLYING (206. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING (CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of item 18.)	
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town) (County)	(State)
MEDICAL	Hour o. m. While Not while foctor p. m. 19 of work of work	ary, street, affice bldg., etc.)	
1	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	clarate with the second	
	21. I certify that attended the deceased from 15 Mall	M, 19 O, ta 11 July 190 O, that I last saw the dec	
	alive on 1950, and that death		abave.
	ACTUAL OF THE STATE OF THE STAT	ADDRESS (SINEER, CITY OF TOWN, STORY)	- S
,	SIGNATURE LEGISLATION M	·	170
	PHYSICIAN'S NAME (TYPO) FICHARD H-SA	-uniders NoticokE Ma	
22	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
	BORIA - 7/15/58 Odo Felle	sa Perterouir Md	,
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR DAL REGISTRAR'S SIGNATURE	
1	Clinton of stewart saleson	1 911 DATE JUL 21 '58 COLLECTION	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certified has been signed by the attending physician and completely for the funeral director. in by the funeral director, and 2 should be filed with **D FUNERAL DIRECTOR:** After this certime has been signed by the attending physician and completely fippage 3 should be detached for use as a control transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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	A CONTRACTOR OF THE PARTY OF TH	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8497

CERTIFICATE OF DEATH

08499

								Reg. Dis	/. No.		
1. PLACE OF DEATH o. COUNTY W1	comico	19	MARYLAND	III.	usual RESIDENCE (WHO STATE Maryla)		d lived. If institutio b. COUNTY	ni Residenc	e before	e odmiss	ion)
RURAL ond give no	•	ls, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City						·) \
OR INISTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS			<u> </u>	T		FARM?
Deer. 2	Head State	nosp:	ıtaı		215 Wicom	100 21	reet			YES [NO 🔼
3. NAME OF DECEASED (Type or print)	Princ		Edward		Bass	4. DATE OF DEATH	July	h	Day		Yeor 19 58
5. SEX Male	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED		ATE OF BIRTH		9. AGE (In years lost birthday) 53 yrs.	Months	Doys Doys	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work of king life, even if retired)	one 10b.	KIND OF BUSINESS OR INC	DUSTRY			ountry)	12. CITI	USA		COUNTRY
13. FATHER'S NAME			000444115	1	4. MOTHER'S MAIDEN N				0011	-	
Richard					?	Hari					
15. WAS DECEASED EVE (Yes, no. or unknown) Unke	R IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16.	SOCIAL SECURITY NO. 17.	INFO	RMANT Hospit	al Rec	cords Address	233			
Conditions, if a gove rise to i cause (a), stating lying cause lost.	mmediale () .	Arteriosclero compensated	tic	cardiovasc	ular d	lise ase, d	le-			
~ 1			eration of bo			NAL DISEAS	E CONDITION GIVE	N IN PART	1(0) 19	PERFO	AUTOPSY RMED? NO
200. ACCIDENT WAS	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in I	Part I or Por	t II of item 18.)	53.			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	While	_ Not while_	PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	, 20f. (Cit)	or town)	(Ca	ounty)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Dr. V. Jaerma	., 19_ n, M	ed from July 58 , and that dea		curred of 1:20A Deer's	M, from ADDRESS (S		nd an th	e dat	e state	
220 BURIAL GREMATIO REMOVAL (Specify)	1/-7/-8	5	200 BIAME OF CEMETERY	//	ELW CLA	228 LOCA	TION (City, lower, or	r dounty)		(Stote	e)
23. FUNERAL DIRECTOR	SIGNATURE	100	ADDRESS			JUL 2	rar 24b. REGIST	TRAR'S SIG	NATUR	1	

in by the funeral director, and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this cert is has been signed by the attending physician and campletely fip page 3 shauld be detached for use as the purial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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and the contract			
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		CORNEL DESIGNATION	
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VS ATS (4) TSM 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8498

CERTIFICATE OF DEATH

08501 Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY	Wicomi	30	MARYLAND	CTATE .	Maryl		b. COUNTY	on: Reside		odmissic OM1	
b. CITY OR TOWN (II RURAL and give ne	outside corporate limi orest town) Salisbi		LENGTH OF STAY IN 16	LI .	Salis		rote limits, write R	URAL ond	give neare	est town)	
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, given the Pen Ger			d. STREET A	DDRESS 736 R	oger	St			IS RESIL	FARM?
3. NAME OF DECEASED (Type or print)	BERT!		MAE	BOZMA		4. DATE OF DEATH	July	th	8 th		9 58
s. sex Female	6. COLOR OR RACE White	7. MARRIE	DIVORCED DIVORCED	8. DATE OF BIRT	- 1		9. AGE (In years lost by thiday) 2 yrs.	Months Months	Doys Doys	Hours	Min.
100. USUAL OCCUPATIO during most of work House Wo	ing life, even if retired)	ND OF BUSINESS OR INDU	0.0	ACE (State o		aryland	12. C	U S		OUNTRY?
13. FATHER'S NAME				14. MOTHER'S							
Lewis Ha		erco la co		Mar	tha E	llen	Taylor				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wer or dates of s	orvice) 16. SC	OCIAL SECURITY NO. 177	N.Gran Sali	ville sbury	Boz Ma	man(Hûs ryland	band	1)736	Ro	ger
	nmediote (, mo	for (0), (b), ong (c).]	arti	Dry !	Thr	combo	sex.	INTER	YAL BETT	WEEKI DEATH
No Part II. OTH 260X	ER SIGNIFICANT CON	duet	INTRIBUTING TO DEATH BUT	leties				EN IN PA		PERFOR	UTOPSY MED? NO [X]
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		IBE HOW INJURY OCCURRE								
20c. TIME OF INJURY Haur o. m. p. m.	f Month, Day, Ye	While of work	Not while fo	ACE OF INJURY (clary, street, office	bldg., etc.)	20f. (City	or town)		(County)		(State)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S DY NAME (Type) DY	at I bitended the	195	rdner Jr. 1	M.D		DDRESS (Si	n the causes o	ind on state) Ji	lost save the dote the dary /	stated DAT	
220. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREC		22c. NAME OF CEMETERY C			22d. LOCAT	ion (city, town, o alisbur	or county)	laryl	(Stote)	
23. FUNERAL DIRECTOR'S	003000	SA	ADDRESS LISBURY MAI	RYLAND	24a. REC'D		RAR 26 REGIS	PRAR'S S	IGNATURE LUCK		

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8499 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND WICOMICO 1 b. CITY OR TOWN (If outside corporate limits, write c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) O d. NAME OF HOSPITAL (If no in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 12. 20. YES NO Ireneral NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9, AGE (In years last birthday) IRUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if reticed) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? HEBNIA - INCARCEB YES NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 00 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from 6 - 30 .. 19 2 That I last saw the deceased , and that death occurred of 11 36 A. M, from the couses and on the date stated above. olive on_ ADDRESS (Street, city or town, state) ACTUAL pino PHYSICIAN'S BLOXOM NAME (Type) FUNER oge 3 sh 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d TOGATION (City, town, or county) (Stote) poge ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE HIL

MARYIAND STATE DEPARTMENT OF HEALTH - BALTIMORE, TE

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The Control of the Co						
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		NAMES OF STREET		A STATE OF THE STA		
			No. of the last			
				VASA AND DESCRIPTION		
		n d od	1			
						THE THE LEGISLE

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessory please execute the certificate, writing the world's pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief it satisfies Staminer's Office along with form PM3. Page 5 may be the first feel for your files.

TO FUNERAL DIRECTOR: Page 3 shauld as a burial-transit permit. File pages 1 and 2 with the file Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after about. execute the certificate, writing the words 4 should be forwarded to the Chief 10 FUNERAL DIRECTOR: Page 3 should or its designated agent, prior to burial,

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08503 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		7.2111								Keg. Dis	if. No.
	LACE OF DEATH					2. USU/	AL RESIDENCE ((Where deced	sed lived. If instit	lution: Resider	nce before admission)
100	. COUNTY				MARYLAN	o. ST			b. COUN		atom /
-	CITY OF TOWN	Wicomico		Le LENIC	TH OF STAY IN 1			ylanc		Worce	
	and give negrest law		NO KUKAL	C. LENG	IN OF SIAT IN I	c. C.	IT OK IOWN ((ir outside coi	rporote limits, write	NUKAL ONG	give nearest town)
	Sali	shurv					Ocean	City	7	23)	X. 2
0	NAME OF HOSPIT	TAL OR INSTITUTION	(If not in t	nospital, give	street oddress)	d. ST	REET ADDRESS				e. IS RESIDENCE
	Penin	sula Gene	ral	Hosp	ital		Commar	nder I	Hotel		YES NO
	NAME OF		teri		Middle		Lost	4. DATE	Mon	th	Doy Year
	Type or print)	1 ~~~	23.0			Butle	20	DEATH	7	-22-	19 58
5. 5	FX	6. COLOR OR RACE	110	PIED [7] NE	VED ALADDIED [7]	and the latter with the latter		-J	9. AGE (In years	IF UNDER 1	
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100	USUAL OCCUPATI	ON (Give kind of work	done 10b	KIND OF 8	USINESS OR INDI		RTHPLACE (Stot				EN OF WHAT COUNTR
	luring most of worki	ng life, even if retired)	7							100	
_	Maid	1	H	otel					ty, Va.	0.5	.A.
	FATHER'S NAME					14. MOT	HER'S MAIDEN	NAME			
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		PER IN U. S. ARMED FO		6. SOCIAL SE	ECURITY NO. 17	. INFORMAN	IT		Addres	.5	
[Tet	. no, or unknown)	(If yes, give war or dates o	t service)			Genra	ge Mil	68	Onanc	hek.	Va.
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		ATH [Enter only one co									ONSET AND DEATH
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE () R1	uptur	ed aort	ic th	oracio	anei	urysm		Sudden.
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	(a), slating the	underlying DUE TO)								
	cause last.		c)								L
ð	PART II, OT	HER SIGNIFICANT CO	NDITIONS	CONTRIBUTI	NG TO DEATH BU	IT NOT RELAT	ED TO THE TERM	MINALDISEA	SE CONDITION GI	IVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
E.											YES NO
CERTIFICATION	200. EXTERNAL CA	USE WAS	10b. DESCR	RIBE HOW IN	JURY OCCURRED	. (Enter notur	e of injury in Po	ort I or Port f	t of item 18.)		
ERT	PRIMARY OF CO	INTRIBUTING []									
			las		COURSE INC.						
MEDICAL	20c. TIME OF INJU			d. INJURY O	ot while	octory, street,	URY (Home, for affice bldg., et	rm. 201. (Cit	ly or lown)	(Cou	nty) (State)
ME	p. m.				work						
	21. I certify t	hat I toak charg	e of the	e remains	described a	bave, hel	d an Autop	sy A.	Inspection A	Inquir	y A and in m
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	opinion death	resulted fram:	Natura	i causes	Acciden	ı 🗀, Sı	uicide [],	Hamicide	e [], Under	ermined m	nanner 🔲
		1 0		1)							DATE SIGNED
	ACTUAL SIGNATURE	(m)		100	Je-	M.D. C	HIEF MEDICAL I	EXAMINER [DAIL SIGNED
		Fowl I	Roye	er. M.	m)	A	SSISTANT MEDI	CAL EXAMIN	ER 🗍		
	EXAMINER'S NAME (Type)	Earl L.	Roye	T. 9 T.T.	L(A.	DI	EPUTY MEDICAL	LEXAMINER	Ďĺ.	7-22	2-58
22.		ON, 226. DATE THERE	OF	122c NIA4	AE OF CEMETERY			7/20	ATION (City, town,		
720	REMOVAL (Specify	1)	1		Carrie to Maria			220. 100	Allor (city, lown,	or county)	(Stote)
_	Burial	The second secon	1,19			Cemet	-		lcock,		a.
23.	FUNERAL DIRECTO	R'S SIGNATURE		ADD	DRESS		24a. REC	C'D BY REGIS	TRAR 245. REG	ISTRAR'S SIG	NATURE
	1. Edpi	r/ /hom	46, 1	Accom	ac, Vir	ginia	DATE	111 2 8 2	58 Per	1	. /
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	and the same	AND THE RESIDENCE OF THE PARTY	

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Stewart Funeral Home.

ADDRESS

Salishury.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

08504 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland Wicomico c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 308 East Church St. YES NO T 4. DATE Last Manth Day Year DEATH Butler Jr. 24 1958 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthdoy) Months Hours 1-27-1957 12. CITIZEN OF WHAT COUNTRY? South Car USA 14. MOTHER'S MAIDEN NAME Idaree Brand 17. INFORMANT 308 East Church St. Samuel Butler. Salisbury. Sr. INTERVAL BETWEEN ONSET AND DEATH HOND/NON PERFORMED? YES [NO Z 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Cauply) factory, street, affice bldg., etc.) 190 8 that I last saw the deceased and that death accurred at UM, frash the causes and an the date stated above. ADDRESS (Street, city or town, store) Church St., Salisbury, Md. 22d. LOCATION (City, tawn, or county) (State) Calvary Cemetery Fruitland

240. REC'D BY REGISTRAR

JUL 3 1

24b. REGISTRAR'S SIGNAFURE

VS A15 (4) 15M 9/55

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		mad . James Land	
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	1 0	304	CERTIF	CAII	OF DEA	ITI		Reg. D	st. No.		
o. COUNTY W1	comico		MARYLA	11	USUAL RESIDENCE	Where decease	ed lived. If instituti b. COUNTY		nce befor		ion)
b. CITY OR TOWN	If outside corporate tim	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	If outside corpo	orote limits, write R				1)
RURAL ond give i	isbury		372 day	s	Bishor		2.3>	-2			
OR INSTITUTION	TAL (If not in hospital, ad State H		oddress)		d. STREET ADDRESS						FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mor	th	Doy	Y	Year
(Type or print)	Jer	mie	E.		Campbell	OF DEATH	. Ju	ly	2		19 58
5. SEX			ED NEVER MARRIED	□ 8. DA	ATE OF BIRTH		9. AGE (In years	IF UNDER			
Female	White	WIDOWE			Now 6 7	970	lost birthdoy)	Months	Doys	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b. 1	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SI	ote or foreign o		12. CI	TIZEN O	F WHAT	COUNTR
during most of wor	king life, even it refired	1) .	OUSEWIE			ware	,,			S.A	
13. FATHER'S NAME	V	111	0036 W11-		. MOTHER'S MAIDE						•
	Joseph M. (irnes				Swaney					
1S. WAS DECEASED EV	-		OCIAL SECURITY NO	17. INFOR		Dwariey	Add				
(Yes. no or unknown)	(If yes, give wor or doles of	service)	1 /			200000			- 16	7	3
	NO		N.O	I	Mospital F	ecords	, 5811	sbury	, PE	aryl	and
	ATH [Enter only one of ATH WAS CAUSED BY:	ouse per line	e for (o), (b), ond (c).]						INTE	RVAL BE	DEATH
E O OV	IMMEDIATE CAUSE ()H	vpostatic F	neumo	nia					da	
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Conditions, if	ony, which))									
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	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	H BUT NOT	PELATED TO THE TEL	DAMINIAL PAGE AG	E COMPITION OF	ENT INT DAT	7.14-111	2 14/45	ALITORCY
			rotic Cardi							PERFO	RMEDZ,
O ACCIDENT W								agin	шь	YES [NO 🚹
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	AND. DESC	RIBE HOW INJURY OCC	UKKED. (En	iter nature of injury	in Port I or Por	rt II of item IB.)				
	MEDICAL EXAMINER)										
20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. IN While	JURY OCCURRED 20	le. PLACE (OF INJURY (Home, for street, office bldg.,	orm, 20f. (City	y or town)	(County)	Mary Co	(Stote)
p. m.	19	of work									
21. I certify t	nat Lattended the	decease	d fram July	16	, 19 <u>57</u> , to_	July 2	23 10 58	that I	last so	u tho	dacaac
alive on Ju			58 , and that de	anth acc		Pu	- Al-	- J - A	1021 20	w me	decease
dilve on			29,_, dila iliai di	eom acc	orred diag.		itreet, city or town,		ne dat		ed abay ATE SIGNI
ACTUAL	62				Dannia E					Pr /	O L /FO
SIGNATURE		- LL	1	M.D.	Deer 8 h	lead Sk	ate Hospi	tai		-11	4775
PHYSICIAN'S NAME (Type)	G.	Kosma	hly. M. D.		Salisbur	y. Mary	rland				
220. BURIAL, CREMATIC)F	22c. NAME OF CEMETE		MATORY		TION (City, town,	or county)		(Stot	e)
BUR I.B C	7/26	158	ODD FO	FLUQ	WS	BIS	HOPVI	LL1=		1	1
23. FUNERAL DIRECTOR		1	ADDRESS			EC'D BY REGIST		STRAR'S SI	GNATUR	E	
Ama.	A. Buch	age	Beile	n i	MA DATE	JOL 28	'58	ited	uch		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certification has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the dirial-transit permit. Then please remare carbon papers. Pages and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. gg physician.
has been signed by the attending physician and campletely filled in has been signed by the attending physician and campless. Pages remaye carbon papers. Pages remayel, and in any event within 72 hours after death.

No.

VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the work pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief collection of the Chief collecti

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VS.	A15ME
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08508

8503 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

). PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Wicomico MARYLAND	o. STATE Maryland b. county Wicomico
b. CITY OR TOWN Iff outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
and give nearest town)	175
Salisbury	Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give preet address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Home	612 W. Main St. YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
OECEASED (Type or print) Across Coll	OF
ASNES COL 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 79 8	1 DATE OF SIRTH P. AGE (In year) IFUNDER 1YEAR IF UNDER 24 HES.
Temple Cal WIDOWED DIVORCED	Fef 17 - 186 Subishay) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during maj of working life, even if relired) More	Balts md USIA
13. FATHER'S NAME	14. MOTHER'S MATDEN NAME
	P. horen Calling:
	NFORMANT Address
[Yes, no, er unknown] [If yes, give wor or dotes of service] When	Bestie Iroder
18. CAUSE OF DEATH [Enter only one couse per line fog (o), (b), and (c).]	INTERNAL BETWEEN ONST AND DEATHO
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	O celinous fuelder
1420.0 DUE TO 1 1	0 0 0 0
Condition it and which it is the condition in the conditi	releasting the Park J. The
gave rise to immediate cause	1
(a), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
13	YES NO P
I at I PRIMARY L.I OF CONTRIBUTING L.I	inter noture of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Hame, form, 120f. (City or town) (County) (State)
Hour o. m. While Not white factor of work of work	ary, street, office bldg., etc.)
21. I certify that I taak charge of the remains described aba	no hald as Autom D. Assessin D. L. S. S. S.
opinian death resulted fram: Natural causes . Accident	
6018	
SIGNATURE CO.	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
1 1 1 1 X -	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Lav L Key Col	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	SREMATORY 22d. LOCATION (City, Jown, or county) (State)
RIMOVAL (Specify)	Deer I lalle to . The of
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24 DECID ON DECUEYORS ON DECUEYORS CONTRACTOR
The state of the s	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Droker Miller.	DATE JUL 1 5 '58 COLL ORIGINAL

MEDICAL EXPONENCES CERTIFICATE OF DISCHARGE PASSON	
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1	1. PLACE OF DEATH
8 /	lari c

OR INSTITUTION

DELAWARE

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY SUSSEX

c. LENGTH OF STAY IN 16

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) GUMBORO

d. NAME OF HOSPITAL (If not in hospital, give street address)

d. STREET ADDRESS WILLARDS. e. IS RESIDENCE YES NO

Year

NAME OF (Type or print)

filed

6. COLOR OR RACE

CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

Middle 7. MARRIED NEVER MARRIED

4. DATE Month OF DEATH AGE (In years lost birthday)

MD. R.F.D.

195 IF UNDER 1 YEAR IF UNDER 24 HRS Months

Day

Days

5. SEX 200

& FARMING

DIVORCED T WIDOWED T

8. DATE OF BIRTH

10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign country)

12. CITIZEN OF WHAT COUNTRY?

MERCHANT 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

DELLA M. COLLINS

COLLINS NOAH J. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?-16. SOCIAL SECURITY NO

during most of working life, even if retired)

17 INFORMANT

DELAWARE

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

DUE TO

ONSET AND/DEATH CLOR

INTERVAL BETWEEN

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost

DUE TO

W

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

PERFORMEDA. NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year 20d. INJURY OCCURRED

and that death occurred at !

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(State) (County)

20c. TIME OF INJURY Hour o. m.

ile	Not while	
work [_]	at wark	

21. I certify that I attended the deceased from

206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

M, from the causes and an the date stated above.

ADDRESS (Street, city or town, state)

19.58, that I last saw the deceased

DATE SIGNED

glive on ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

COMPANY

22c. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

22d. LOCATION (City, town, or county)

WILLARDS.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g. REC'D BY REGISTRAR

MD. R.F 246_REGISTRAR'S SIGNATURE

0

poge

No

CERTIFICATE OF DEATH Rea. Dist. No. il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 100m100 RGINIA OMACK b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) a RURAL and give nearest town) 70 REEN BACK WILL -15 BURY d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? TOSPITAL TENINSULA OENERAL YES NO NAME OF First Middle Lost 4. DATE Month Day Yeor DECEASED (Type or print) DEATH NEL-SON 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours DIVORCED T WIDOWED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, ő Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MEDI Hour a m Not while at work at work 19 5 8 that I last saw the deceased 21. I certify that I attended the deceased from 7 195 8, to and that death occurred at 25 3 M.M., from the causes and on the date stated above. alive on_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SALISBURY should PHYSICIAN'S NAME (Type) BLOKOM JOHN BURIAL, CREMATION, 226. DATE THEREOF 22c/NAME OF CEMETERY OR-CREMATORY LOCATION (City town (Stote) KEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	Karanga and April 1997		

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word pending" in pending them 18. Give Pages 1, 2, and 3 to the forneral director. Page 4 should be forwarded to the Chief icol Examiner's Office along with form PM3. Page 5 may be Migrined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, Fire pages 1 and 2 with the fale Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after feath.

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VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08510

1 8506	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Wicomico Maryland	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
b. CITY OR TOWN III outside corporate limits, write RUPAL c. LENGTH OF STAY IN 16 and give nearest town) Salisbury	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) X Tyaskin
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress) Peninsula General Hospital	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO
3. NAME OF DECEASED (Type or print) George Dashields:	Lost 4. DATE Month Doy Year OF 31- 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE lin years IF UNDER 1YEAR IF UNDER 24 HRS. Manuelles Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUST during mass of working life, even if relired) 13. FATHER'S NAME 16. Sep 17. 17.5/16.1	TRY 11. BIRTHPLACK (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Address Address Address
18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oronary DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	cclusion Suaden
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (II	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NOT
	Enter nature of injury in Port I or Port II at item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a. m., p. m. 19 While Not while of work of wark	CCE OF INJURY (Hame, farm. 20f. (City or town) (County) (Stote) tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described obcopinion death resulted from: Natural causes , Accident SIGNATURE EXAMINER'S Earl L. Royer, M.D.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 8/3/5/8/1/2. W.T. W.T. W.T.	Cem. Tysskin, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS IN SINGLAND	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE 1116 5 158 OUS LOCAL

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	ATT. IN FAME DESIGNATION

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4

VS A15 (4) 15M 9/55

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY Wicomico b. COUNTY Wicomico
c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)
X Hebron (rural) d. street address d. is residence don a farm? yes No □
SON 4. DATE Month Day Yeor OF DEATH July 12 1958
9. AGE (In years lost birthdoy) 2/9/1876 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Qays Hours Min.
DUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTR U. S.
Sallie Street
essie Mezick Denson, Hebron, Md. R.F.I
BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
RRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State factory, street, office bldg., etc.)
ath accurred at 1230 1 M, from the causes and an the date stated above ADDRESS (Street, city or town, stote) M.D. M.D. DATE SIGN
Hebron, Maryland 7/14/58 YOR CREMATORY (22d. LOCATION (City, town, or county) (Stote)
ify cem. Clara, Maryland
73

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the way "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the function Page 4 should be farwarded to the Chief cal Examiner's Office along with farm PM3. Page 5 may be send for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the rate Baard of Health, or its designated agent, prior to burial, crematian, or remayal, and in any event within 72 hours after death. M

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VS. ALSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2507

08512

0004	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY TILL 2 CORE
Wicomico MARYLAND	New Jersey Hudson
b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Salisbury	Bayonne 67x-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRÉSS o. 15 RESIDENC ON A FARM YES \(\) NO [
Peninsula General Hospital 3. NAME OF First Middle	
DECEASED	1. DATE Month Doy Year OF DEATH 7 2 19 5
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	Aug. 26, 1921 (total birghdoy) 36 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if refired Navy Dept. Depot	Newark, New Jersey USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Davey	Mary Noon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. pp. or ynknown (If yes, give wer or dates of service)	William Henry Dono Van (Husband) Bayonne New Jersey
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Aspiration	
825V	or voint ous
Canditions, if any, which gave rise to immediate cause (b) Pulmonary a	telectasis 2 days
(a) stating the underlying DUE TO	
	ontusions and lacerations of 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH TO	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS
	YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BY 200. EXTERNAL CAUSE WAS CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS TRIBUTING TO THE PRIMARY OF THE PRIMARY O	(Enter nature of injury in Port 1 or Port 11 of item 18.)
206. EXTENDAL CAUSE WAS PRIMARY OF ONTRIBUTING DICAUSE OF DEATH. This red in accidents of the contribution of the contributio	dent while passenger in front seat.
	ACE OF INJURY (Hame, form, 1 20f. (City or town) (County) (State)
Mour	tory, street, office bldg., etc.)
¥ 11:50 p/m. M. 6-30-50 of work □ of work ☑ H.	ighway Princess Anne Somerset
21. I certify that I took charge of the remains described about	ove, held an Autopsy 🔼, Inspection 🔼, Inquiry 🔼, and in m
opinion death resulted from: Natural causes [], Accident	Suicide , Homicide , Undetermined manner
ACTUAL SIGNATURE EN L	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Earl L. Royer, M.D.	ASSISTANT MEDICAL EXAMINER
NAME (Type)	DEPUTY MEDICAL EXAMINER 7-2-58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MA	ARYLAND DATE JUL 7 '58 Celebrate

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	VIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8508 **CERTIFICATE OF DEATH** with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND WICOMICE UMAJ-RI 0 b. CITY OR TOWN (If outside corporate limits, writec. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION NINSULA FENER YES T NO T NAME OF 4. DATE First Middle Lost Month Year DECEASED OF DEATH FRANK WILLIAM (Type or print) 19.5 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED UF UNDER 1 YEAR IF UNDER 24 HRS Manths Jan. 8,1923 DIVORCED T WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
108 pector Glass Industry Bridgeton, N.J. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Estlow Adeline Stubbs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes 154-18-8595 Victoria H. Estlow. Bridgeton, N.J. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED?. YES NO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OS 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City ar town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Nat while at work ot wark 19. 78 that I last saw the deceased 21. I certify that I attended the deceased from ___, and that death accurred at 1210 AM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL PHYSICIAN'S William R. Ellis, Jr., M.D. Salisbury, Md. NAME (Type) C 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page REMOVAL (Specify) Bridgeton. urial 0 **DIRECTOR'S SIGNATURE ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8549
CERTIFICATE OF DEATH
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08514

		CERTIFICA	AIE OF DEATE		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Wi	comico	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived. If institut b. COUNTY		
b. CITY OR TOWN RURAL and give Mardel		c. LENGTH OF STAY IN 15		outside corporate limits, write la Springs	RURAL and give nea	rest town)
d. NAME OF HOSP OR INSTITUTION Maple S	hade Convale		d. STREET ADDRESS Bridge			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Sadie	Maria E	versman	4. DATE Mor	14 Day	y Year 1958
s. sex Female	White wind	WED DIVORCED		9. AGE (In years last birthday) 80 yrs.	Manths Days	IF UNDER 24 HRS. Haurs Min.
At Hom	orking life, even if relired)	Home	STRY 11. BIRTHPLACE (State Mary)		12. CITIZEN OF	F WHAT COUNTR
William			14. MOTHER'S MAIDEN N Emily A	astin		
IS. WAS DECEASED EV (Yes, no. or unknown) No.	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		NFORMANT Ware Ever		ela Spri	ngs, Md
	EATH (Enter only one couse per EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).	enal- my	was deter	ONSI	RVAL BETWEEN ET AND DEATH OUL WY
Canditions, if gave rise to cause (o), stoting lying cause last	g the under-					0
3		IS CONTRIBUTING TO DEATH BUT			VEN IN PART 1(a) 19	PERFORMED? YES NO
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)					
20c. TIME OF INJU Haur a. m. p. m.	Whi		ACE OF INJURY (Hame, farm, tary, street, office bldg., etc.	20f. (City or tawn)	(County)	(State)
21. I certify alive an	that traitended the dece why 14, 18 H. S. Kuh	_	accurred at A.S.	M, fram the causes of ADDRESS (Street, city or town,	C., that I last sar and an the date state)	
Burial (Specify	7-17-58	Enanuel Me		22d. LOCATION (City, town, Mardela S)		(State) Md.
3 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS)	240. REC'E	BY REGISTRAR 246. REG		E

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240. REC'D BY REGISTEN

DATE

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8510 CERTIFICATE OF DEATH

<u> </u>						Kadi nisi.	140.
1.	o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Marylar	nere deceased lived. If instituted b. COUNT		
	B. CITY OR TOWN (RURAL and give of Salisbury,		c. LENGTH OF STAY IN 16		outside corporate limits, write	RURAL ond give	
	OR INSTITUTION	TAL (If not in hospital, give stree Head State Hos		d. STREET ADDRESS	Washington St	treet	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Ruth	yirginia	Gibson	4. DATE Mo July	onth	12, Yeor 19 58
	Female	6. COLOR OR RACE 7. MAI	VED DIVORCED	B. DATE OF BIRTH July 17, 1891		Months Do	EAR IF UNDER 24 HRS. Pys Hours Min.
	Unk.	ON (Give kind of work done 10t king life, even if retired)	Have Well	Marylan	à leul Co.		N OF WHAT COUNTRY?
13	Unk	John Wate	in	14. MOTHER'S MAIDEN N Mary Ni			
15	o. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	Social SECURITY NO. 17.	Hospital Re		liel	hurs
		ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).] Hypostatic Pne	umonia			INTERVAL BETWEEN ONS TAND DEATH 2 days
	Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate DUE TO	Quadriplegia a	fter C.V.A.			42 mos.
CERTIFICATION) (c) HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 16	19. WAS AUTOPSY PERFORMED? YES NO K
		AS UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in I	Port I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	While		ACE OF INJURY (Home, form portory, street, office bldg., etc.	, 20f. (City or town)	(Cou	nly) (Stote)
		July 12, 19		accurred at 4 A	ADDRESS (Street, city or town	and an the	date stated above
	PHYSICIAN'S NAME (Type)	a. Hon	reality	Deer's He	rd Kosmahly ad State Hosp	ital.Sal	7-12-58 isbury, Md.
22	REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		Ad. LOCATION (City, town,		(Stote)
23	FUNERAL DIRECTOR	S SIGNATURE	Hamede -	Class DATE JU		IST (AR'S SIGNAL	ATURE

in by the funeral director. and 2 shauld be filed with

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inding physicion.

has been signed by the ottending physician and completely filt that been signed by the please remave carbon papers. Pages or remavel, and in any event within 72 hours after death. moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certify page 3 should be detoched for use as the registrar prior to burial, cremotian, or

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Poge 4 VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57 M

8511 CERTIFICATE OF DEATH

Reg. Dist. No.

D. COUNTY MARYLAND O. STATE D. COUNTY D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) D. CON A FARWY VES NO D. STATE D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) D. S. RESIDENCE ON A FARWY VES NO D. STATE D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) D. CON A FARWY VES NO D. STATE D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) D. CON A FARWY VES NO D. STATE D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) D. CON A FARWY VES NO DEATH D. ADATE		Neg. Dist. 110.
D. CITY OF TOWN (If outside corporate limits, write BUBAL and give necessal form) EVEL and give necess form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A. CALLE OF TOWN (If outside corporate limits, write BUBAL and give necessal form) A.	o. COUNTY	
d. NAME OF HOSPITALITION (in the hospital) gives street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCES e. OS RESIDENCES d. STREET ADDRESS e. IS RESIDENCES e. ID ADATE OF BRITIS proper or print) proper or print) proper in Indicated of voir done of the print of the	(UCOMICO	
A NAME OF HOSTITUTION OR INSTITUTION OR PROSTITUTION OR STREET ADDRESS OR STREET ADDRESS OR STREET ADDRESS OR A CRAIN OF PART OF		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL(III not in hospital; give street address) A. SELLA DESS. O. COLOR OR RACE Middle Middle Middle Middle Middle Month Middle Month Middle Month Middle Middle		Privinges Among 1940
OR INSTITUTION NAME OF DEATH DEATH OF WHAT COUNT Months J Doys Mayer Manner In MONORED DIVORCED 18. BIRTHEACE (Sloe) or foreign country) DIVORCED DIVORCED 18. BIRTHEACE (Sloe) or foreign country) II. BIRTHEACE (Sloe) or foreign country) III. BIRTHEACE (Sloe) or foreign country III. BIRTHEACE (Sloe) or foreign country III. BIRTHEACE (Sloe) or forei		d STREET ADDRESS
Middle Lost DATE	OR INSTITUTION	ON A FARM?
DECEASE POINT SEX SEX S. COLOR OR RACE THE STANDARY STAND COLUMN (Green and Standard Stan	- any same group from	YES NO
MOUNT OCCUPATION (Give/find of work done) NO. USUAL OCCUPATION (Give/fi	DECEASED (Type or print)	it all OF.
DUSUAL OCCUPATION (Givering diserven if retired) 10. KIND OF BUSINESS OR INDUSTRY 11. BITHPLACE (Slote or foreign country) Maryland 11. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNTRY and Maryland 13. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MAS DECASSED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INJORMANT 16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: MOMENT END OF COUNTRY IN MORNANT (COUNTRY IN MORNANT	1 . 1	
FATHER'S NAME ANA DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY IN U. S. ARMED FORCES (Sireet, city or four, store) AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASE OF THE S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARMED FORCES SIGNATURE AND DECEASED EVER IN U. S. ARM		1112100 yrs. 3
ACTUAL ACTIVED BY THE CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPS PERFORMED? YES OF CONTRIBUTION OF THE PROTECTION OF THE PROTE	a. USUAL OCCUPATION (Give find of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME ANAS DECEASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INNORMANT Address In our environment of the provided of security one couse per line for [o], (b), and (c).] PART II. DEATH WAS CAUSED BY INDUSTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPP PERFORMENT IVING COURSE IN INDUSTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPP PERFORMENT IVING COURSE IN INDUSTRIBUTIONS CONTRIBUTIONS CONTR	ourning more of morning more even in territory	
WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT I. CO. DECEMBER OF DEATH (Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gove rise to immediate couse (o), training the under the under couse (o), training the under the und	FATHER'S NAME	
Address In our unknown) If year, give work define of invived in the country of	14 00	Marner marra
Ill year, give wor of doese of serviced		The ma Therene
PART I. DEATH WAS CAUSE 09. Conditions, if ony, which gove rise to immediate cause (o). DUE TO		NEORMANT Address
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b). DUE TO Conditions, if ony, which gove rise to immediate couse (c), Islaining the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED? YES NO [CONTRIBUTING CITICAL SEASON DEATH II.] 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CITICAL SEASON DEATH II. EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year White Not white of work of catory, street, office bidg., etc.) 21. I certify that attended the deceased from 19. And that death accurred at 19. ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) 20c. BLATCAUL (Eggety) ADDRESS (Street, city or town, state) Constitution of the deceased street of the physician of the date stated above the causes and on the date stated above the constitution of the causes of the cause of the causes of the cause of the causes of the cause o	40	arthy Hall wiress Three med
PART I. DEATH WAS CAUSED BY MADE CONSET AND DEATH Death D	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	LINTERVAL BETWEEN
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alive an	p. m. 19 of work of work	
alive an	21. I certify that I attended the deceased from 7/ /3	1958 to 7/14 19.5 What I last saw the decease
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATORY REMOVAL (Specify) 3. FUNERAND/RECTOR'S SIGNATURE ADDRESS (Street, city or town, store) DATE SIGNATURE 22d. LOCATION-City, Town, store)	7/11/	m16/-
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REMOVAL (Specify) Service of the se		
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Villam At. Janes J. Priceso due mo DATE JUL 15 '58 Clerkeauch	FUNERAGOIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 245-REGISTRAR'S SIGNATURE
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1. PLACE OF DEATH O. COUNTY COLUMN ON MARYLAN	
MARTIAN	2. USUAL RESIDENCE (When deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Allow Bessel	c. CITE OR TOWN (If outside corporale limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	9. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES \(\sqrt{NO} \)
NAME OF DECEASED (Type or print) First Middle	normand 4. DATE Month Day Year DEATH 7 20 1958
SEX COLOR OR RACE 7. MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years load birthday) 12-12-14 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS Months Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY
15. FATHER'S NAME	14. MOTHER'S MAIDEN NAME TO REAL ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (If yes, give wer or dates of service)	Sales lever Palece Right
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, If ony, which gove rise to immediate couse (o), stating the underlying Couse lost.	Chairing ONSET AND DEATH 10 Mins
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PROPERTY OF PORT I OF PORT II of item 18%)
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 201. Not while of work 21. 1 certify that I took charge of the remains described about death resulted from: Natural causes Accident Acc	(Enter noture of injury in Port I or Port II of item 18t) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF injury in Port I or Port II of item 18t) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (County) (State) ACE OF INJURY (Home, fam., 20f., (Citypr town) (County) (Coun
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY To or CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED. 200. TIME OF INJURY Month, Day, Year 201. In certify that I took charge of the remains described above the contribution of the cont	(Enter noture of injury in Port I of Port II of item 18t) (Enter noture of injury in Port I of Port II of item 18t) (ACE OF INJURY (Home, fam., 20f. (City or town) (County) (Stote) (County)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functor. Page 4 should be forwarded to the Chief Medical Examples of Societies of the Chief Medical Examples of Societies of Societies of Societies.

TO FUNERAL DIRECTOR: Page 3 should be obtained from the permit. File pages 1 and 2 with the region or prior to burial, cremathon. cute the certificate, writing the ward "farwarded to the Chief Medical Exam TO FUNERAL DIRECTOR: Page 3 should

VS. ATSME(S) 5M 9/55



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VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8513 **CERTIFICATE OF DEATH** 08520

								Mag. Dist. 14	0.
1, PLACE OF DEATH o. COUNTY	Wicomico		MAR	YLAND	o. STATE Mar	here decessed yland	lived. If institution b. COUNTY		
b. CITY OR TOWN RURAL and give	(If outside carporote liminearest fown) Salisbur;		c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	isbur		URAL and give n	earest town)
d. NAME OF HOSP OR INSTITUTION	Riversid			me	d. STREET ADDRESS Pem	berto	n Drive		ON A FARM2
3. NAME OF DECEASED (Type or print)	Eliz		h Emm		Hoover	4. DATE OF DEATH	July		th 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARR			pril 16,1		9. AGE (In years last birthday) yrs.	Manths Doys	Hours Min,
during most af wa	ION (Give kind of work rking life, even if retired USE WORK	done 10b.	KIND OF BUSINESS Non		Timberv				OF WHAT COUNTRY?
13. FATHER'S NAME		174			14. MOTHER'S MAIDEN	NAME			
Joseph	Orebaugh				Sarah H	endga	rdner		
15. WAS DECEASED EV (Yes, no or unknown) Unk	ER IN U. S. ARMED FOR	CES? 16. ervice)	SOCIAL SECURITY N	0. 17. INR	The second secon	. Hoo	ver(Hus	band)Peryland	emberton
Canditians, if gave rise to cause (a), stoting lying cause last	the under-	, Ce	specte	l N	ni t	ligge	(3 a	loca)
PART II. O'	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO (X)
OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	Enter noture of injury in	Part I ar Port	II of item 18.)		
ZOc. TIME OF INJU	10	While	NJURY OCCURRED Not while of work		E OF INJURY (Home, for y, street, office bldg., et		or town)	(Count)	(Stole)
actual signature	hat I attended the	19		it death a	2261	ADDRESS (SI	_	and an the distole) July	×
	ON, 226. DATE THEREC	1958	22c. NAME OF CE	METERY OR C		22d. LOCAT	ION (City, town, o	or county)	(Stote)
23. FUNERAL DIRECTO HOLLOWAY	8 COMPAN	Y	ADDRESS SALISBUR	Y MAH	YLAND DATE J	UL 9	RAR 246. REGIS	STRAR'S SIGNAT	URE

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VS A15 (4) 15M 10/57

	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	Maryland Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 13 days	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) ** Hebron**
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Deer's Head State Hospital	In Village ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print) Harland (Harle)	Hopkins 4. Date Month Doy Year DEATH July 28 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	March 13, 1878 last birthdoy) Manths Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
aborer in Lumber Mill-Lumberman	Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MADDINIVAS beth
John Phillips	17
Yes no, or unknown) (If yes, give wor or dates of service)	NFOMP Wm T. Hopkins (NepHew) P.O.B. #226
Unk	Hospital Records, Salisbury, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Adenocarcinoms	of the bladder
181.0 DUE TO	The state of the s
Conditions, if ony, which)	
gave rise to immediate	
cause (a), stating the under-	
lying cause lost. (c)	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour o. m. p. m. 19 of work of work	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
Hour a. m. While Not while for	ACE OF INJURY (Hame, farm, † 20f. (City or lawn) (County) (State) clary, street, affice bldg., etc.)
21. I certify that I attended the deceased from July 16	1958, to July 28 , 1958 that I last saw the decease
	accurred at 8:10P M, from the causes and an the date stated above
, and the state of	ADDRESS (Street, city or town, state) DATE SIGNI
ACTUAL SIGNATURE G. Hornsold	M.D. Deer's Head State Hospital 7/29/58
PHYSICIAN'S NAME (Type) G. Kosmahly, M. D.	Salisbury, Maryland 7/29/58
Ro. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O REMOBILITIES JUly 31,58 Mardela Ce	metery(Old) Mardela, Maryland (Stote)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MA	
TOPPOURT OF COLLEGE BY PERSON IN	TTURN DIVE JUL 3 0 . 30 CONTRACTOR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8515 08522 **CERTIFICATE OF DEATH** Reg. Dist. No. With 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND NICODIC b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) P d. NAME OF HOSPITAL (If not lin hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE **OR-INSTITUTION** ON A FARM? YES NO NO uninsula Genera NAME OF First DATE Middle 4. Month Day Year DECEASED (Type or print) DEATH 90450 193 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years Months Days Hours DIVORCED | WIDOWED | papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) DUSEWIFE ome 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES. NO ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II at item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL g 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of wark at wark eles 19.3 That I last saw the deceased that I attended the deceased from alive on and that death occurred of M, from the causes and on the date stoted above. ADDRESS (Street, city or flawn, state) DATE SEGNED SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d, LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

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	MARYLAND	STATE DEPARTM	E
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b. CITY OR TOWN (If outsing RURAL and give nearest	de corporate limits, write	c. LENGTH OF STAY IN 16	
d. NAME OF HOSPITAL (IF OR INSTITUTION PNINSU		Hospital	
3. NAME OF DECEASED (Type or print)	first Mary	Middle	

Rea. Dist. No.

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	1. PLACE OF DPATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
	Wicomico MARYLAND	MARULAND Anne	Arundel
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	re neorest town)
	Salisbury Day	ARNOLD O	2X-2
,	d. NAME OF HOSPITAL (If not in baspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
-	revinsula General Hospital	1 rugby Hall	YES NO
	3. NAME OF First Middle DECEASED	1 Cost 4. DATE Month	Doy Yeor
	(Type or print) Mary	Jackson DEATH July	28 1958
	S. SEX 6. COLOR OR RACE 7 MARRIED WEVER MARRIED		YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED	Dec 10, 1911 46 yrs.	
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JUSTRY 11. BIRI MPDACE (Stote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	5-PT-
1	S. PATRICK'S NAME		
	11s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	Ida 19, Lehi- Address	
	(Yes, no or unknown) (If yes, give wor or dates of service)	Albert A. T. to C. Cons	a- #
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	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Para O Home has	ONSET AND DEATH
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)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		PERFORMED?
T	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II of item 18.)	100 100
7	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (Co	ounty) (Stote)
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	21. I certify that I attended the deceased from 7.5	77, 19 \$ 8 to 7-28, 195 8that I la	ast saw the deceased
		oth accurred at 6:10 P.M. from the causes and an the	
Y	dive di	ADDRESS (Street, city or town, stote)	DATE SIGNED
1	SIGNATURE LES COLLES, -	MD To Cistelle del	7-28-5
1	11111 2 211/14	10 Vial C- it-a	
	PHYSICIAN'S WILER ELLIS JR	MEDICAL LENIER	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	0/	(Stote)
	REMOVAL(Specify) A ICCO GA HOUSE	G/2- B 1. 18.	IVIA.

240. REC'D BY REGISTRAR

24 REGISTRAR'S SIGNATURE

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certifie has been signed by the attending physician and campletely file page 3 should be detached for use as control-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, of removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A1S (4) 1SM 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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	b. CITY OR TOWN RURAL ond give of Salis		s, write c. LEN	11 yrs.	c. CITY		viside corpo Visbu	rote limits, write RI		give nea	rest fown)
	d. NAME OF HOSP OR INSTITUTION John B.	TAL (If not in hospital, g Parsons H	ome for	Aged	John/	BI/PA		Street /Home//	or/A			FARM?
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MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yeo	While N			RY (Home, farm office bldg., etc		or town)	(County)		(Stote)
	21. I certify t	hat I attended the	deceased fro	m				n the causes a	nd on t			decease
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	al Cenier	St. 2. Sell	DR. WILL The Ma	N.D. MAN B. SA	4/16	DR V	teet, city or town,	14-1	her	DA	TE SIGNE
220		ON. 22b. DATE THEREO	F 226 1	NAME OF CEMETERY	OD CORNATOR	V_1		TION (City, town, o			/State	

Mt.Olive Cemetery

Delmar, Delaware

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

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33 FUDIETAL DIRECTOR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certify has been signed by the attending physician and campletely page 3 should be detached for use as purial-transit permit. Then please remove/carbon papers. Partie registrar prior to burial, crematian, or removal, and in any event within 72 haufs after degith. VS A15 (4) 15M 9/SS

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CERTIFICATE OF DEATH

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b. CITY OR TOWN (If outside con RURAL and give nearest fown) Salisb		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (1)	f outside corporate	limits, write RURA	L and give neare	sf town)
d. NAME OF HOSPITAL (IF not in OR INSTITUTION 310 I.O.	hospitol, give street			d. STREET ADDRESS 310	Locust	Terrac		IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	First GEORGE	RAYMONI) :	LAYFIELD	4. DATE OF DEATH	Month JULY	27th	Yeor 19 58
5. SEX 6. COLOR Whi		NEVER MARRIE		date of Birth ugust 20,	1881 9. 4		UNDER 1 YEAR IF	UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION (Give kinduring most of working life, eve Retired Farmer 13. FATHER'S NAME	d of work done 10b. n if retired)	KIND OF BUSINESS OF Farming	R INDUSTR		alisbury		USA	WHAT COUNTR
Samuel T. Lay 15. WAS DECEASEDEVER IN U. S. A (19 No. of unhown) 117 year. give we		SOCIAL SECURITY NO.	Mrs	Martha Martha		i(Wife)	310 Loc	cust Te
Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.	USED 8Y: CAUSE (o) DUE TO (b) DUE TO (c)	erific	il,	Hewar	rhag			VAL PETWEEN
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220. BURIAL, CREMATION, 22b. DA REMOVAL (Specify) BUTIAL JUL	TE THEREOF y 30/58	22c. NAME OF CEME Parsons		metery	Salis	0	Marylar	(Stote) 1d
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COM		SALISBURY	MAR	YLAND DATE	JUL 3 0 '58	246. REGISTRA	educh	

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TO FUNERAL DIRECTOR: After this certifier has been signed by the attending physician and campletely fill page 3 should be detached for use as Arbanial-Iransit permit. Then please remove carbon papers. Page the registrar priar to burial, cremation, at removal, and in any event within 72 hours affer death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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Reg. Dist. No.

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र्	82	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS, o. IS RESIDENC ON A FARM
9	000	Peningul A General Hospital Collins Oftiget YES NO
0		3. NAME OF First Middle Last 4. DATE Manth Day Year
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8 5	/	13. FATHER'S NAME
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2 4	- 4 1	18 WAS DECEASED EVER IN O. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INSORMANT 9 5/1/1 / Address 9/
E E		(Yes, no, or yoknown) (If yes, give wor or dates of service)
72		110 - 216-10-3233 Tout Manuel Pennsylve N.J.
thir		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
6.3		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LADRICE ONSET AND DEATH
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3.5		couse (a), stating the under. DUE TO
sit pu		lying cause last. (c)
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tra pr		NAME (Type)
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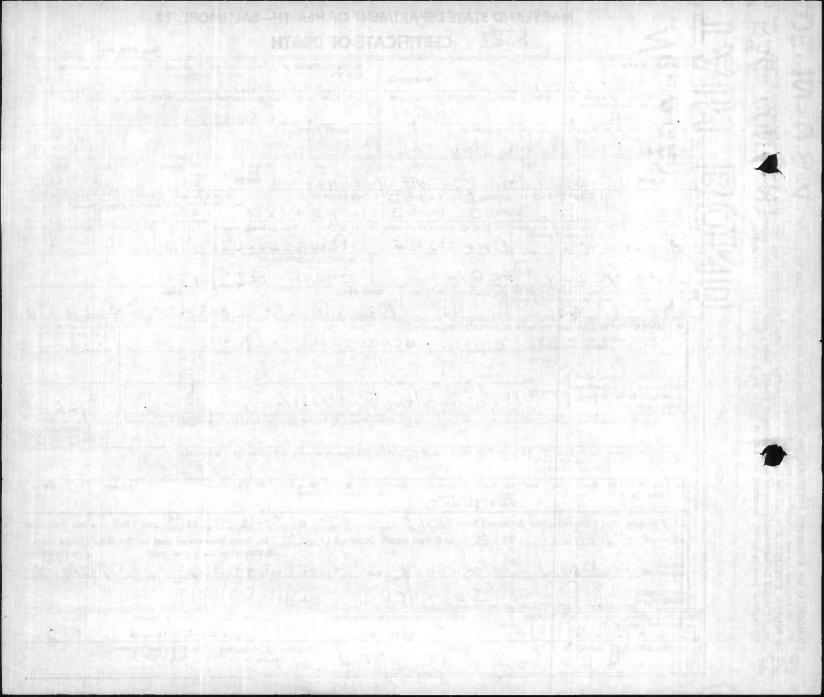
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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8521 CERTIFICATE OF DEATH

Reg. Dist. No. (18529)

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY MARYLAND	o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM?
TENINSULA GENERAL HOSPITAL	YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) LUCINDA MERDUE (NITCHELL DEATH JULY 20 1958
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years UNDER 1 YEAR IF UNDER 24 HRS.
TEMALE WHITE WIDOWED DIVORCED	JUNE 4, 1880 73 yrs.
100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote genforeign country) 12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE OWNHOME	POWELLYILLE MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN GORDY GROVE	SARAH ADKINS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
NO NO NO M	1RS. WILLIAM JARMON, BERLIN MO
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) OTELL TOVOLS CU	la accedent 2 des
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Conditions, if any, which) (b)	
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to m. P. m. 19 While Not while of work of work	clary, street, office bldg., etc.)
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21. I certify that attended the deceased from 1/17	1938, to 120, 1938, that I last saw the deceased
alive on, 19 28 and that death	The state of the s
ACTUAL De de a de la dela la l	ADDRESS (Street, city of town, stote) DATE SIGNET
SIGNATURE KULLOS LICERALON, N	M.D. TINLDHUTT NA. / 120/38
PHYSICIAN'S RUFUSS, GARDNER	Je; SALISBURY, Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d_LOCATION (City, town, or county) (State)
BURIAL M=258 ST, SOH	NS PONIBLLVILLE MD.
23. FUNERAL DIRECTOR'S SIGNATURE DODRESS	240. REC'D BY REGISTRAR 8 246. EEGISTRAR'S SIGNATURE
Anna G. Durboge Della	DATE JUL 23 30 CONTESTED



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HOSPIT	ny be r	UNER	Schoole 3 should be detached for use as my burial-transit permit. Then please remove corbon papers. Page 1 and 2 should be filed with	the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after deeth.
10	E	10	00	the
1	SM	9/	55)

	8	522	CERTIFICA	ATE OF DEATH	1		Reg. Dist.	0.8530
. PLACE OF DEATH o. COUNTY	Vicomico		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		If institution.		before admission more Cit
b. CITY OR TOWN RURAL and give Salish		its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		nits, write R	URAL ond give	nearest fown)
OR INSTITUTIO	PITAL (If not in hospitol, on Head Stat	1.01		d. STREET ADDRESS	Baltimor	e Stre	et	o. IS RESIDE ON A FA YES N
3. NAME OF DECEASED (Type or print)	Ramo	24	Gracia	Naverette	4. DATE OF DEATH	Mon July		Day Yea 11 19
Male	6. COLOR OR RACE White	7. MARR	D DIVORCED	8. DATE OF BIRTH 5/15/1923	9. AG	E (In years birthday) yrs.	Months Do	EAR IF UNDER 2
Bar ten	vorking life, even if retired	3)	kind of Business or Indu Bartender	STRY 11. BIRTHPLACE (Stole Mexic			12. CITIZE	N OF WHAT CO
	lerno Navere			14. MOTHER'S MAIDEN N				
(Yes, no or unknown) Unk	If yes, give wor or doles of	(CES? 16. :	SOCIAL SECURITY NO. 17, 1	Deer's H	lead State	e Hosp	ital Re	ecords
	DEATH [Enter only one control of the	0)	e for (a), (b), ond (c).] Hepatic coma					INTERVAL BETWOONSEL AND DE
Conditions, if gove rise to couse (a), stotil lying couse to	ony, which immediate ong the under-	b)	Cirrhosis of	liver				6 mont
PART II. C			ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIV	EN IN PART 1(o) 19. WAS AUT PERFORM YES N
0	WAS INIDERIVING IT	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Port II af	tem 18.)		
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING A NG CAUSE OF DEATH IFY MEDICAL EXAMINER)							
200. ACCIDENT OR CONTRIBUTII (IF EITHER, NOTI 20c. TIME OF INJ Hour o. r	JURY Month, Doy, Yen.	par 20d. IN	JURY OCCURRED 20e. PL. Not while of work	ACE OF INJURY (Hame, farm clory, street, office bldg., etc.	, 20f. (City ar tov	vn)	(Caur	nty)
20c. TIME OF INJ Hour o. r	IFY MEDICAL EXAMINER) IURY Month, Doy, Ye n. 19	20d. IN While at work	of fram June 18, and that death	, 19 58, to	July 11 e.M., from the ADDRESS (Street, c	., 19 <u>58</u> causes a	that I las	t saw the de date stated DATE
20c. TIME OF INJ Hour o. r p. r 21. I certify alive an	JURY Month, Doy, Yen. 19 that I attended the	ar 20d. IN While at work e decease, 19	od fram June 18	19 58, to accurred at 2:1454	July 11 e.M., from the ADDRESS (Street, c	, 19 50 causes a ity ar tawn,	,that I last ind an the stote)	t saw the de date stated DATE
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	832	CERTIFIC	ATE OF DEATH	Reg. Dis	1. M.Q591
PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	
b. CITY OR TOWN (If outsi			0	proporate fimits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospital, give stre	1)	d. STREET ADDRESS	TEAGUE CARSARGE GRE	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	CLYDE	WRIGHT WRIGHT	NEW TO NJR PEA	- "	Day Yeor (1 1958
MALE 6.C		RRIED NEVER MARRIED D	B. DATE OF BIRTH JULY 9, 1958	I and broad to a	1 YEAR IF UNDER 24 HRS. Days Hours Min.
00. USUAL OCCUPATION (G	ve kind of work done e, even if retired)	NONE	SALISBURY, M		ZEN OF WHAT COUNTRY
	IGHT NEWT		ANN ROSEMAR	RY BROGAN	
(Yes, no or unknown) (If yes,	J. S. ARMED FORCES? 1 give wor or dates of service)	6. SOCIAL SECURITY NO.	r. Circle W. Newto	n(Father)147	E.Kearsarg
		line for (o). (b). and (c).]	من ا		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, w gove rise to immed couse (o), stoting the unlying couse lost.	DUE TO	Premilies	Ty (2165-	10 (2)	
_) (c) GNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISI	EASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CA	DERLYING [] 20b. DAUSE OF DEATH CAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port 1 or	Port 11 of item 18.)	
20c. TIME OF INJURY Mo Hour o. m. p. m.	Whi		ACE OF INJURY (Home, form, 20f. (octory, street, office bldg., etc.)	City or town) (Co	ounty) / (Stote)
21. I certify that I alive an 7/11	gitended the dece	-3	, 19 58, to 7, h occurred at 14 99 M, fi		ast saw the decease
ACTUAL SIGNATURE	2 Rug	Kolls		(Street, city or town, stole)	DATE SIGNE
	Afred C.	Kolls	Medical Center	_ Salisbury,	Maryland
20. BURIAL, CREMATION, 22. REMOVAL (Specify) BUT121 J	uly 12,19		or crematory 223.10 Memorial Park	CATION (City, town, or county) Salisbury, N	(Stote) Maryland
73. FUNERAL DIRECTOR'S SIGN HOLLOWAY &		ADDRESS SALISBURY MA	ARYLAND DATEJUL 1 4	- 1/) /	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certifier has been signed by the attending physician and campletely filled in by the funcal director, page 3 shauld be detached for use as furial-transit permit. Then please remove carbon papers. Page and 2 should be director, the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A1S (4) 15M 9/S5

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8552 CERTIFICATE OF DEATH

08533

	00	013					Reg. Di	st. No.		
1. PLACE OF DEATH			2. 1	JSUAL RESIDENCE (WI	here decease		on: Residen	ce befor	• odmissi	on)
	Wicomico	MARYLAND		Maryl	and	b. COUNTY	Wi	.com	ico	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	c. LENGTH OF STAY IN 16		CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond	give near	rest town)
Nanti		Lifetime	X	Nanticok	e					
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stre I	et address)	1	d. STREET ADDRESS						DENCE FARM? NO
3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Mon	th	Doy	y Y	(eor
(Type or print)	CLARA	R.	NU	PTER	OF DEATH	July	r	19	1	9 58
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DA	TE OF BIRTH	A 2 40 1 1 A	9. AGE (In years lost birthdoy)	IF UNDER	-		
Female	Negro wido	WED TO DIVORCED	4	/26/84		74 yrs.	Months 2	23	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (Stole	or foreign co	ountry)	12. CIT	IZEN OF	F WHAT	COUNTRY
Housewi		Own Home		Maryl	and		U.	S.		
13. FATHER'S NAME			14	MOTHER'S MAIDEN	NAME					- 4
Willis	am H. Bradsha	W		Amelia	Elsey	r				
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFOR	MANT	by the total	Addi	011	777	177	
No		W	les	tley Nutt	er. N	Vanticol	ce. M	lary	rlan	d
18. CAUSE OF DE	EATH [Enter only one couse per	ling for (0), (b), and (c).)		1	^				RVAL BET	
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(ese has		0082078	lea			ONS	UNL	DEATH
331×	DUE TO	\bigcirc \bot	^			X n				
Conditions, if	any, which) (b)	Valley on	J	augus (2008	1 a les	12 g	. 5	54	Ca De
gove rise to couse (o), stoting	immediate (1		X		9	
lying couse last					0					
PART II. O	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	TONT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19	PERFOR	RMED?
O (IF ETHER, NOTIF	VAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURR	ED. (En	ter noture of injury in	Port I or Par	t II of item 18.)				
ZOc. TIME OF INJU	. Wh		LACE (DF INJURY (Home, farm street, office bldg., etc	20f. (City	or town)	(0	County)		(Stote)
21. I certify	that I oftended the dece	ased from 28 ULL		. 1950 to 1	19 Ju	1958	Sthat L	last sa	w the	deceased
alive on	Dely 19		Hoce	urred of 945	M from					
(1)	0 0116	2				reel, city or tovin,		10 00.		TE SIGNED
SIGNATURE	March	arebuile	M.D.	Dar	uch	e lled			7/2	1/28
PHYSICIAN'S NAME (Type)	Richard H. S	Saunders		Nantico				7/2	21/5	8
22a. BURIAL, CREMATI REMOVAL (Specif	7/22/58	Nanticoke				nticoke		ryla	(State)
23 FUNERAL DIRECTO	1: "	ADDRESS	on	24o. REC'	D BY REGIST	RAP8 246. RESK	JRAR'S SIS	NATUR		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or otherway physician.

TO FUNERAL DIRECTOR: After this certification has been signed by the attending physician and campletely filled in by the funeral director. by the funeral director, and 2 should be filed with ing physicion.

has been signed by the attending physician ond campletely fitted that been signed by the attending physician ond campletely fitted that be signed the signed that the signed that it is a signed to be signed to be signed that the signed that it is a signed that the signed that it is a signed to be sign the registrar priar to burial, cremotion, ar page 3 should be detached for use as the VS A15 (4) 15M 9/55

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ATE DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 2 execute the certificate, writing the world pending in pendi in Item, 18. G 4 should be forwarded to the Chief H and Examiner's Office along with 10 FUNERAL DIRECTOR: Page 3 should be seed as a buriol-transit permit. I or its designated agent, prior to burial, cremation, or removal, and in any VS. A15ME

5M 2/57

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by is necessary, piease	neral director. Page	and for your files.	Boord of Health,	(,
death. It ony deic	2, and 3 to the fu	'oge 5 may be re	and 2 with the	y event within 22 hours after death	/
4 hours ofter	ive Pages 1,	form P.M.3. P.	File pages 1	y event within	-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8525 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08534

	PLACE OF DEATH				2. USUAL RES	DENCE (Where	deceased live	d. If institut	ion: Residence be	fore admission)
1		icomico		MARYLAND	o. STATE	Maryla	and	b. COUNTY	Wi	comico
	b. CITY OR TOWN III ond give neorest town)	alisbury	• RURAL	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outsi		imils, write	RURAL and give r	nearest lawn)
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in haspit	tal, give street address)	d. STREET A	DDRESS				e. IS RESIDENC
	T	ony Tank	Mano	r	/	Clove	rdale	Road		YES NO
1). NAME OF DECEASED (Type or print)	Fir EUG	ENE	Middle KYLE	OAKLEY		ATE OF DEATH	JULY	Doy 19t	
1	i. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		9. AG	E [In years	IF UNDER TYEAR	IF UNDER 24 HE
1	Male	White	WIDOWED	DIVORCED [Feb.21,	1907	51	yrs.	Months 28	Hours Min.
	0o. USUAL OCCUPATIO during most of warking Builder(N	life, even if refired)		ntractor	RY 11. BIRTHPL	CE (Stole or fo	Galax)	U S	F WHAT COUNTI
	13. FATHER'S NAME					MAIDEN NAME				
	William E	dgar Oak	ley			a Rect	or			
	15. WAS DECEASED EVE (Yes, ne, or unknown) NO	R IN U. S. ARMED FO If yes, give war or dates of		OCIAL SECURITY NO.	s. Viva Sali	S.Oak	ley(Wi	fett: and	loverda	le Road
	Conditions, if on gave rise to immed (0), stoling the u cause lost.	ale cause nderlying DUE TO	all	Coronal Residence of the State	O CONTROL RELATED TO	hear THE TERMINAL	Fale DISEASE CON	DITION GIVI	100	19. WAS AUTOPS' PERFORMED?
	PART II, OTH	SE WAS TRIBUTING	Db. DESCRIBE I	HOW INJURY OCCURRED. (E	inter nature of in	jury in Part I ar	Part II of item	18.)		YES 🔯 NO
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While		CE OF INJURY (Fory, street, office		Of. (City or law	n)	(County)	(Slate
1	21. I certify th	ot I took charge	of the re	mains described abo	ve, held an	Autopsy 2	, Inspec	tion X,	Inquiry X	, and in m
	ACTUAL	esulted from:	Notural co	uses , Accident	CHIEF N	EDICAL EXAMI		Undeter	rmined monn	DATE SIGNED
	EXAMINER'S NAME (Type)	. Earl I	. Roy	er	M.D. ASSISTA	MEDICAL EXAM	AMINER [July	21/19!
	220. BURIAL CREMATION REMOVAL (Specify) Burial	July 22		2c. NAME OF CEMETERY OR WICOMICO		al Par		alisb	ury, Ma	(Slote) ryland
	HOLLOWAY		Y S	ADDRESS ALISBURY MA	RYLAND	DATE SILL	REGISTRAR	24b. REGIS	Leduch	RE

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man /	L	CERTIFICATE OF DEATH Reg	Dist. No. 8535
1	1.	PLACE OF DEATH O COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE Maryland b. COUNTY	widence before odmission) Wicomico
3	-	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL)	
7)	9	Solish und X Parsonsburg	ond give nearest town)
21	C	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
0 06	7	Cenimon La General Hospital P.O.B.# 54	YES NO
		NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED OF DEATH OF DEATH OF DEATH	Day Year 19.5
1	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED [] B. DATE OF BIRTH 10:06P. 18 AGE (In years, Fundle) bivorced UJULY 16, 1958	IDER I YEAR IF UNDER 24 HRS
	100	On USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) None None None Salisbury, Maryland	US A
1	13.	3. FATHER'S NAME	0 0 11
1		Lewis W. Perdue Ella White	
	15. (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT V. Perdue (Father)P. (None None Pairsonsburg, Maryland	O.B.# 54
		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Cappy DUE TO	INTERVAL BETWEEN ONSET AND DEATH
		gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO	gestation)
0	CATION		PERFORMED?
	CERTIFI		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Nat while p. m. 19 Ot work at work at work 19 Ot work 19	(County) (State
	V.	21. I certify that I attended the deceased from, 19, to, 19, tha	t I last saw the deceas
		alive on, 19, and that death occurred at D M, from the causes and o	
		ACTUAL SIGNATURE William C. Morgon M.D.	July 17, 195
1		PHYSICIAN'S Dr. William C. Morgan Medical Center-Salisbury,	
	220	Removal Specific July 17,1958 Parsonsburg Cemetery XXXXXX Parso	
	L	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAP	
0	HC	OLLOWAY & COMPANY SALISBURY MARYLAND DATE JUL 21 '58 CLU-	esuch
OK.	7	PARTOLEVILA	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH 5 - 11.00 W Personal Division Hamilton still storist - meds now - insertar an inch ,74 kg

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The state of the s		akson Till	Subjection in the particular and

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CLITY OR TOWN If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Manth Year 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Doys Hours Min 12. CITIZEN OF WHAT COUNTRY? COMOKE CITY. INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(9) 19. WAS AUTOPSY PERFORMED? YES [NO D (County) (State) Lithat I last saw the deceased and that death accurred at the M. from the causes and an the date stated above. ADDRESS (Street, city of town, state) DATE SIGNED PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) MOVAL (Specify) ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

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WHEN AND A COMMENT OF THE RESERVE OF THE PROPERTY OF THE PROPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8528 **CERTIFICATE OF DEATH** I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND death. funeral CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If jourside corporate limits, write RURAL and give negrest town) å RURAL and give nearest lown) shauld d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE First Middle Last DECEASED OF DEATH (Type or print) within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years completely rinday) WIDOWED DIVORCED yrs. executed 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (State or foreign country during mast of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDE TNAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO à Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY physi 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) often certifi MEDICAL os 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (Cily or tawn) factory, street, office bldg., etc.) Hour q. m. While Nat while at work at wark 21. I certify that I attended the deceased fram Dec 195 that I last saw the deceased and that death accurred at 10 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL DIR FUNERAL DIR PHYSICIAN'S NAME (Type) 220-BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

ADDRESS

Reg. Dist. No.

Manth

Add

24g. REC'D BY REGISTRAR

DATE JUL

Manths

e. IS RESIDENCE

Day

IFUNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Slate)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(Caunty)

24b. REGISTRAR'S SIGNATURE

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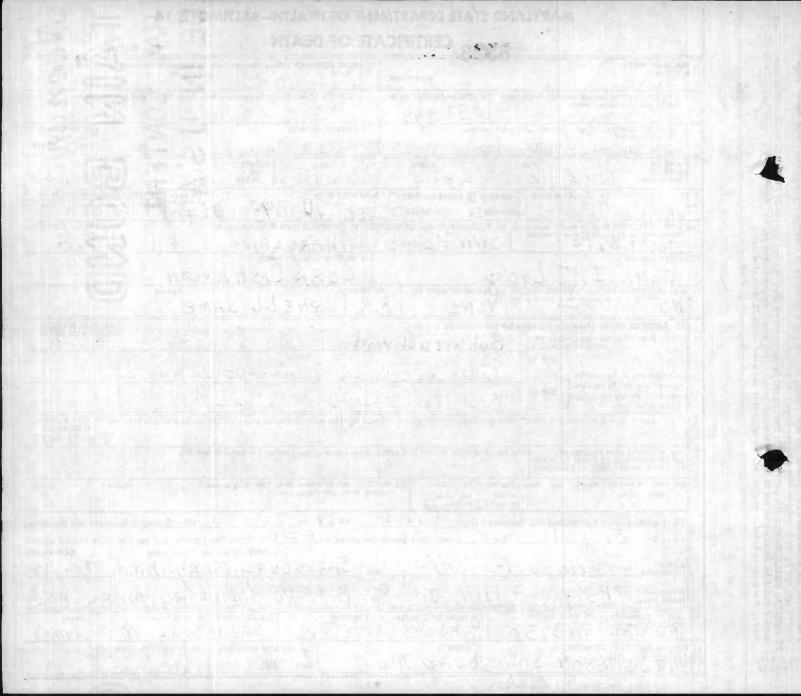
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VS A15 (4) 15M 9/5S

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 15M 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	443 X	ATH [Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	1-		yishin Co	erdia	fair	hes
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	21. I certify to	nat I attended the	deceased , 19_42	C	death occurred a		M, fram th	
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/	PHYSICIAN'S NAME (Type)	H. 4	122	ch		Irla	var/	21
220	BURIAL, CREMATIC REMOVAL (Specify Burial		F		TERY OR CREMATORY		22d. LOCATION Delma	,
23/	SUNERAL DIRECTION	's SIGNATURE	8-X	ADDRESS	, Lal	24a. REC'I	BY REGISTRAR	24

	PLACE OF DEATH o. COUNTY	omico		MARYLAND	2.	USUAL RESIDE			d lived. If institution b. COUNTY	on: Residence		
		autside carporate limi	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TO	WN (If o	outside corpo	orate limits, write R			
	Salish			2 mos.	11:	2 Sa	alia	bury				
	d. NAME OF HOSPITA OR INSTITUTION 603	AL (If Not in hospital, g			1	d. STREET ADD	DOT	rer	Street		e	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF	Fir		Middle	11.	last	201	4. DATE	Man	th	Day	
	DECEASED (Type or print)	Edward		Allen	-			OF DEATH			O	
5.	SEX		7. MARE	RIED NEVER MARRIED	_	Cobbini ATE OF BIRTH	3		9. AGE (In years		YEAR	19 58 IF UNDER 24 HRS
	Male	White	WIDOW		7	-9- 18	227		lost birthdoy) 70 yrs.	Months (Days	Hours Min.
10c	. USUAL OCCUPATIO	N (Give kind of work	ione 10b.	KIND OF BUSINESS OR IND				ar fareign c		12. CITIZ	ZEN OF	WHAT COUNT
1	Enginee	ing life, even if retired	10/100	Railroad		Vir	rini	10			IIS	2 A
13.	FATHER'S NAME			DROTTERA	14	. MOTHER'S M				-1	UN)A
Y	074- 17	Dabbdoo				Emory	Col	lonna				
	WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFO	RMANT	-002	2011100	Addi	ess		
(10	No. of unknown)	If yes, give war or dates of s	7	17-09-2801	Vi	rginia	a Ca	arr.	Salisbu	rv. M	d.	
	18. CAUSE OF DEA	TH [Enter anly one ca	use per li	ne for (a), (b), and (c).]			_	- 1	. 1		INTER	RVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	10	into Come	this	~ Cas	dias	· fo	alres &		ONSE	T AND DEATH
	443X	DUE TO	2/	0				1	11	,	,	
	Canditions, if ar	ny, which)	Ats.	Intelminis	4 9	1 Du	ein	MAS	in the	368		
	gave rise to in		1//	0.	-	10/	- 60 00	V-Vez ·	77	700		
	lying cause last.	ne <u>under-</u>	A.	reare								
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NO	RELATED TO TI	HETERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	. WAS AUTOPSY
CATE												PERFORMED?
CERTIFI	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter nature of i	njury in I	Part I or Par	t II of item 18.)			
CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
S	20c. TIME OF INJURY	Manth, Day, Yes			LACE	OF INJURY IHO	me, farm	n, 20f. (City	or town)	(Co	ounty)	(State
MEDI	Haur a.m. p. m.	19	While of wor	TAOL WILLS	aciary,	street, office b	iag., eic	.)				
	21. I certify the	at I attended the	deceas	ed from Left		195%	10 2	nle	1968	That Lla	act con	w the deceas
	alive on Ins	la S	19 4	& , and that deat	h oc		0//3	Notro	n the causes a			
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	9	1 11 1	0	/	_ M.D.)	20 17			
	PHYSICIAN'S NAME (Type)	11.4	V 22	Ch			2/2	non	124			
220	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CR	EMATORY		22d. LOCA	TION (City, town, o	or county)		(State)
	Burial	7-11-58	}	Mt. Olive)			De:	lmar, De	el.	(2)	
23	TUNERAL DIRECTOR	SIGNATURE	70	ADDRESS	1	2 1 2	4a. REC'	D BY REGIST	TRAR 24b. REGIS	TRAR'S SIGN	VATURE	
1	21/10	mell	0-0	Wilmar,	Kle	ul o	ATE	UL 1 4	58 Au	Leau	ela	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 8532

08542

Reg. Dist. No.

1. PLACE o. COL	OF DEATH	comico		MARY	LAND	2. USUAL RES	idence (who	ere deceased	d lived. If instituti b. COUNTY		ce before		an)
b. CITY	OR TOWN (IF AL and give ner Salisbu	outside carporate limi arest town)	its, write	c. LENGTH OF STAY		c. CITY OR	TOWN (IF a	utside carpo	rate limits, write R	URAL and g	jive neare	st town)	
OR	ME OF HOSPITA	AL (If not in hospital, good State I		address)	3	d. STREET		У				IS RESIL	FARM?
3. NAME DECEA	OF	Fii Gra	st	Middle Elwoo	.д	Lo		4. DATE OF DEATH	Mon	ly	Doy	Y	eor 9 58
5. SEX	male			HED NEVER MARRIE	D O	B. DATE OF BIRT	тн		9. AGE (In years last buthday)				
10a. USU/ durin	AL OCCUPATION OF MOST OF WORK			KIND OF BUSINESS O	-	Br	istol,	r fareign co Rhod	87 yrs. sunity) le Island			WHAT	COUNTRY?
13. FATHE	R'S NAME	Gayton				14. MOTHER'S	ah A.		t a	9 . 3		3.5	
15. WAS I	DECEASED EVER		CES? 16.	SOCIAL SECURITY NO		NFORMANT MI	.Henr	cy E.	Sweet		w)R.	D. #	71
18. 0	PART I. DEAT	H WAS CAUSED BY:)(ne for (a), (b), ond (c).	-							AL BET	
gav cous lying	ditions, if an e rise to im e (o), stoling to g cause last.	mediate ()(Ca. of uter	us						3	?	
CERTIFICATION Source (IE EII			DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	O THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART		WAS APPERFOR	MED?
	ACCIDENT WAS ONTRIBUTING I THER, NOTIFY A	UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CURRED). (Enter nature o	of injury in Po	art I ar Part	II of item 18.)				
WEDICAL	IME OF INJURY Havr a.m. p.m.	Manth, Day, Yes	While	NJURY OCCURRED Not while of work	20e. PLA fac	ACE OF INJURY (tary, street, affic	(Hame, farm, e bldg., etc.)	20f. (City	or tawn)	(C	aunty)		(State)
alive ACTU SIGN	on JU		, 19	od fram. June 58, and that	death	accurred at	9:304	M, fram DDRESS (SH ad Sta	te Hospi	ind an th	ast saw ne date	stated	d above. Se signed 1/58
NAMI	CIAN'S E (Type)			mahly, M. I		Deer	's Hea	ad Sta	te Hospi			7/	1/58
	AL, CREMATION OVAL (Specify) OUPTAL	July 5, 1	958	Swan Lal					ION (City, town, o		s.	(Stote)	
**	OWAY &		S	ADDRESS SALISBURY	MAF	RYLAND	240. REC'D	BY REGISTI		TRAR'S SIG	/		

VS A15 (4) 15M 9/55

ing physician. has been signed by the attending physician and campletely filly burial-transit permit. Then please remove carbon papers. Page remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8533 CERTIFICATE OF DEATH

		uuu						MAR. DI	31, 140.		
1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLA		o. STATE Marylan		b. COUNTY		n Ann		
b. CITY OR TOWN	(If outside carporate limi	ts, write	c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL ond	give neare	st town	1 /
Salisbur	neorest town) y, Maryland		23 days		Centery:	ille,	Maryland	1	7x -	2	
	eer's Head		address)		d. STREET ADDRESS			HILL	4	IS RESI	
D	eer's Head	State	Hospital		105 Hal	ton St	reet				FARM?
3. NAME OF DECEASED (Type or print)	John Fir	st	Middle Charles	Re	lost Ozier	4. DATE OF DEATH	Mor July	nth	Doy 12		eor 9 58
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8.0	ATE OF BIRTH	E151,00	9. AGE (In years		I YEAR I	FUNDE	R 24 HRS.
Male	Colored	WIDOWI	DIVORCED		Dec. 1, 18	79	last birthday) 78 yrs.	Months	Days	Hours	Min.
during most of wo Plumber	irking life, even if retired	dane 10b.	kind of Business or unk		Maryla	and	country)		USA	WHAT	COUNTRY?
13. FATHER'S NAME					4. MOTHER'S MAIDEN						
	William					Chamb	erlian				
IYes no or unknowns	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO			Add				
unk			tink	Ho	spital Reco	ords,	Salisbu	ry, Ma	aryla	nd	
PART I. DE		Ca	rcinoma of p						ONSE	YAL BET T AND YTS.	DEATH
gave rise to cause (a), stating lying cause last	the under DUE TO					ďι	uadripleg	ia			
Z			ONTRIBUTING TO DEAT					EN IN PAR		PERFO	NO 🔯
	VAS UNDERLYING TO G TO CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCC	URRED. (E	inter nature of injury in	Part I ar Pai	rt II of item 18.}				
Hour a.m.	19	While at wark	Not while	factory	OF INJURY (Home, farm , street, office bldg., etc	:-}			County)		(State)
	that I attended the uly 12, G. Kosmahly	19	ly		curred at 6:35	PM, frai		and an t		state	
BEMOVAL (Specify	7000	1958	- Work	RY OR CI	Cornelay	Cont	TION (City, town,	IR	'my	(State	2
23. FUNERAL DIRECTO	its signatures	Bro	ADDRESS	2	ALL DATE	JUL 1	7 158 246. REGI	STHAR'S SIG	GNATHRE		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

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ADDRESS

24a. REC'D BY REGISTRAR

24b~REGISTRAR'S SIGNATUR

VS A15 (4) 15M 9/55

FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH	18535	
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23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08546

244 REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR DATE JUL 25

CERTIFICATE OF DEATH 835.A. Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Wicomico Wicomico MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bivalve Vrs. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO First Middle 4. DATE Lost Month Yeor Day OF DEATH FREIDRICH WIT.HET.M SCHMIDT July 1958 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours DIVORCED | WIDOWED [10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Farm U.S. Germany 14 MOTHER'S MAIDEN NAME Unknown Unknoun 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address 217-28-4988Mrs Edythe Schmidt. Bivalve. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY cuel IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) While Not while of work of work 4, 19 6 5that I last saw the deceased 21. I certify that I attended the deceased from _, and that death occurred at it it is a fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED Emerile h William Hebron 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) 220. BURIAL, CREMATION, (Stote) REMOVAL (Specify) 19 Tyaskin, Maryland St. Marys Cem.

Maryland

ADDRESS

Bivalve.

VS A15 (4) 15M P/55

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CERTIFICATE OF DEATH

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o. COUNTY	Wicomico	MARYLA	o. STAT		here decessed land	d lived. If institution b. COUNTY	T 1 0	omico
b. CITY OR TOWN RURAL and give	(If outside carporate limits, write negrest town) Salisbury	c. LENGTH OF STAY IN	16 c. CITY		sbury	rote limits, write RU	JRAL and give nea	prest town)
d. NAME OF HOSP OR INSTITUTION	702 Howard		d. STR	702	Howar	d St		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ARCHI			CKLEY	4. DATE OF DEATH	JUL		nd 19 58
5. sex Male	White	ARRIED NEVER MARRIED WED DIVORCED		BIRTH 22,18	393	9, AGE (In years lost birthday) 5 yrs.	Months Days	Hours Min.
during most of wo	10N (Give kind of work done 1) orking life, even if retired) ter-Laborer	Construct		RTHPLACE (Stote Bivalve			U S	A A
13. FATHER'S NAME Samuel	Shockley		Į.	Her's MAIDEN I	Webst			
15. WAS DECEASED EX	/ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Mr. Cari Sal	coll 6.	Shock	tley(Sor	1702 H	oward St
Canditions, if gave rise to cause (a), statinlying cause last	g the under-	Cerclin	17/	is-cu	Car	Circu	don't	
493%	THER SIGNIFICANT CONDITION	DESCRIBE HOW INJURY OCC					EN IN PART I(o)	PERFORMED? YES NO
	IG CAUSE OF DEATH Y MEDICAL EXAMINER)							
20c. TIME OF INJU Hour o. m p. m	. 19 Wh		factory, street,	URY (Home, form affice bldg., etc		or lown)	(County)	(State)
21. I certify alive on	that I attended the dece		eath occurred	ot 9:30	ADDRESS (SI	n the couses o	nd on the do	te stated above DATE SIGNEE
220. BURIAL, CREMATI REMOVAL (Specif		22c. NAME OF CEMETE	RY OR CREMATO	RY	22d. LOCAT	Md. TION (City, town, of alve, Ma	r county)	(State)
23. FUNERAL DIRECTO	& COMPANY	ADDRESS SATISBURY	MARYLAI		D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATUI	RE

may be retained by the haspitol or attending physicion.

O FUNERAL DIRECTOR: After this certified has been signed by the attending physician and completely filly page 3 shauld be detached far use as the purial-transit permit. Then please remove carbon papers. Page the registror prior to burial, cremotion, or remayal, and in any event within 72 hours gifter death. may be retained by the haspital or ottendity of FUNERAL DIRECTOR: After this certification of the page 3 should be detached for use as when the page 3 should be detached for use 3 shoul

in by the funeral director, and 2 should be filed with

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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TO I BUILDING A TOWN IN			
	E CONTRACTOR SOUTH		
Strangentill and a			
Was start			
		and the Contract	
Vonversion Vonstains			

FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word Examiner's in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Min all Examiner's Office along with form PM3. Page 5 may be regired for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the control of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME 5M 2/57 d

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8538 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09629

			ceased/lived. If institution: Residence before admission
	0	o. COUNTY DESCOVECT MARYLAND O. STATE MARYLAND	6. COUNTY Workerter
	ь	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town).	carporate limits, write RURAL and give nearest town)
		Laliabrest Pocon	who 23422
5	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	e. IS RESIDINCE ON A FARM?
9		Planensula Theral Hospitel	YES NO
	3. P	3. NAME OF DECEASED First Middle Lost 4. DAT	
		(Type or print) Jorothy Dimmons DEA	/ 00 1/
	5. S	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years lost birthday) Months Days Hours Min.
	4	female (WIDOWED DIVORCED)	2 2 yrs.
	d d	Job. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign during most of frorking life, even of setting)	gn country)
	13	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	rollia Wisi A
1	6	13. FATHER'S NAME	RIDA
	15.	18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
	TYON.	(free, no. ps yethnown) (If yes, give war as dates of service)	QARELI'llODI
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	The Charles of the service of the se
		PART I. DEATH WAS CAUSED BY:	arlestors, Conserand pears
		IMMEDIATE CAUSE (o) CLEL (LA FISE CE MILE) DUE TO D	71000
		(Conditions, if any, which) (b) Here be too Melle tees	12500
		gave rise to immediate cause (a), stating the underlying DUE TO	
		course lost. (c)	
	Z O	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
-	SAT	4 5	YES X NO
	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port	rt H of item 18.)
-			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, i 20f.) Hour o. m. While Not while	(City or town) (Caunty) (State)
Н	ME		
		21. I certify that I took charge of the remains described above, held an Autopsy X,	Inspection [], Inquiry [], and in my
		opinion deoth resulted from: Natural causes , Accident , Suicide , Homici	ide, Undetermined manner
		ACTUAL CHIEF MEDICAL EXAMINER	DATE SIGNED
		SIGNATURE CELLED CL. SELECT M.D. CHIEF MEDICAL EXAMINER	2.00
		EXAMINER'S Phat III A TAS 1-21 DEPUTY MEDICAL EXAMINI	
	220	The state of the s	DCATION (City, town, ar county) (State)
	1	BEMOVAL (Specify) B-10-58 Hebrew Presbyterian Com	John's Tsland. S. C.
	23.	23. FUNERAL DIRECTOR'S SIGNATURE	
	0	Clinton of stellast, west Road police 19	1958/rthen S. Krawa
		Solister and	Work of the state

2 1 2 1 d	HEAD TO TRANSPORT TAXABLE AND THE SERVICE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8539 Reg. Dist. No with 1. PLACE OF DEATH d 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND DICOMICO OMERSET b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? TENINSU YES NO NAME OF 4. DATE Middle Month Year DECEASED (Type or print) STRON DEATH 1958 9. AGE (In years) IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED M Hours DIVORCED T WIDOWED T FEMA 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHERS NAME ofter MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ony Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stole) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work July 19 1958, that I last saw the deceased 21. I certify that I attended the deceased from Julu 19.58. 9, 1958, and that death accurred at 655 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURNAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) EMOVAL (Specify) FUNDEAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8540 **CERTIFICATE OF DEATH** n by the funeral director, and 2 should be filed with

Reg. Dist. No. (18551)

					way.	P101, 110.
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE o. STATE Mar			ence before odmission) WICOMICO
b. CITY OR TOWN (RURAL ond give n	If outside corporate limits, write earest lown Salisbury	c. LENGTH OF STAY IN 16		(If outside corporate line).isbury	mits, write RURAL onc	d give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give street Pen Gen. Ho		d. STREET ADDRESS	Liberty	St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EDWARD	WILLIAM	TATMAN	4, DATE OF DEATH	JULY	15th 19 58
5. sex Male	6. COLOR OR RACE 7. MARI	ED DIVORCED	Feb. 27, 19	9. AG los	buthdoy) Wonths	ER I YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION during most of wor	ON (Give kind of work done 10b. king life, even if retired). an— Ward Baki	kind of Business or int		Virginia		US A
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
	ton Tatman		Lula C	U		
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17	Wrs Athel W Salisbu	.Tatman()	Wife 509	Liberty St.
Conditions, if a gove rise to i couse (a), stoting lying couse lost.	the under-					
CATIC	HER SIGNIFICANT CONDITIONS					PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING TO 20b. DES CAUSE OF DEATH (MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Port 1 or Port 11 of	item 16.)	
20c. TIME OF INJUI Hour o. m. p. m.	While		PLACE OF INJURY (Home, foctory, street, office bldg.,	form, 20f. (City or to-	vn) /	(County) (State)
ACTUAL SIGNATURE	r. Philip A.	and that dea	116 E. Mai	ADDRESS (Street, of	causes and an ity or town, state)	I lost saw the deceased the date stated above. DATE SIGNED JULY 16/195 Maryland
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or county	
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24a. R	EC'D BY REGISTRAR JUL 1 8 '58	246. REGISTRAR'S	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certification has been signed by the attending physician and campletely filly page 3 shauld be detached for use as the curial-transit permit. Then please remave carbon papers. Page the registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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BE SECURE ASSISTED FOR THE LETT AND BEATS ONE WILLIAM PERSONAL PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PERSON STATE OF STREET

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 8541 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. 15 RESIDENCE d. STREET ADDRESS OR INSTITUTION ON, A FARM? YES NO NAME OF First DATE Middle Lost Day Year DECEASED (Type or print) DEATH 19.58 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH birthdoy) Hours WIDOWED DO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. 12. CITIZEN OF WHAT COUNTRY? KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 420. DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MEDI Hour a. m. While Not while at work at work p. m 1957 that I last saw the deceased 21. I certify that I attended the deceased from alive an and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BEMOVAL (Specify) Lucial ADDRESS 23. EUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE

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0	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	N 16 c. SITY OR TOWN (If outside corp	porote limits, write RURAL and give nearest town)
1	d NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION ENINS ULA GENERAL HOS	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) MARCH Middle	TAYLOR DEATH	Month Day Year 1 July 21, 1958
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. AGE (In years lost birthday) Months Days Hours Min.
10	Oo. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR during most af working life/even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY
K	Dayid Webster	14 MOTHER'S MAIDEN NAME	Taylor
15.6	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MYS NOYYIS I	ryden Princes H
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		CURRED. (Enter nature of injury in Port I or Po	rt II of item 18.}
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	21. I certify that I attended the deceased fram		im the causes and an the date stated above Street, city or tawn, state) DATE SIGNED
	PHYSICIAN'S NAME (Type)	- 600 da se en de de se en de de se en de se en de de se en de de se en de de de se en de de de de de de de de	
7 2	REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMET 3. UNERAL DIRECTOR'S SIGNATURE ADDRESS	ERY OR CREMATORY 22d, LOC. 24a. REC'D BY REGIS	ATION (City, tayin, ar county) (Stole) MCS Luayter Md., STRAR 24b. REGISTRAR'S SIGNATURE
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by the funeral directar, at 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certification is been signed by the ottending physician and completely filler page 3 shauld be detached for use as the final-transit permit. Then please remove corban papers. Pages the registrar prior to buriol, cremation, or removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/5S

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, of 2 should be filed with may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certification has been signed by the attending physician and campletely filler page 3 shauld be detached for use as the principle permit. Then please remave carbon papers. Pages the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8543 **CERTIFICATE OF DEATH**

08493 Reg. Dist. No.

	PLACE OF DEATH	Wicomico			MARY	'LAND	2. USU/ a. ST.	AL RESIDENCE				f institution		mice befo		sion)
	b. CITY OR TOWN (III RURAL and give ne	autside carporate limi	ts, write	c. LENGT	H OF STAY	1N 1b	c. Cl	TY OR TOWN			orate limit	s, write R	URAL end	give ne	rest town	1)
-	Salisbury	AL (If not in haspital, a	ive street	oddress)	1 d	ay	X	Eden	25						e. IS RES	IDENICE
	or institution			,			/u. s.	Rourte		#2					ON A	FARM?
-		Fir			Middle					4. DATE						
V.	NAME OF DECEASED (Type or print)	Edith		May	Middle		ater	Last		OF DEATH		Mon 7	łh	17		Year 19 58
5. 5	SEX	6. COLOR OR RACE	7. MARR	NED IN	VER MARRI	ED 🔲	B. DATE C	OF BIRTH		3000	9. AGE	In years irthday) yrs.	IF UNDER	-	-	
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	lying cause lost.) (c)	UN		re	-	med	-	-X				in	100	
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CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW	V INJURY O	CCURRED	. (Enter n	ature of injur	y in Po	ort I or Par	t 11 of ite	n 18.)				
CAL	20c. TIME OF INJURY	Month, Day, Ye	or 20d. IN	VJURY OCC	CURRED	20e. PLA	CE OF IN	UURY (Home,	form,	20f. (City	or town)		(County)		(State)
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	21. I certify the	at I attended the	decease	ed fram.	9	-17	, 1	55, to		7-1	7	195	,that I	last so	w the	decease
	alive an 1-	16	_, 19 5	8	and that	death	occurre	ed at 1-3	30A	M, from	n the c	auses a	nd an t	he da	te state	ed abave
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	ACTUAL SIGNATURE	Fred	- 1	~	2	^	A.D								7-1	7-50
	PHYSICIAN'S			6)	408	d . 3		-	21.2		3// 3				
	PHYSICIAN'S DI.	Earl L. Ro						en Ave,	58	allso	ury,	Ma				
220	BURIAL, CREMATION -REMOVAL (Specify)			22c. NAA	ME OF CEM	ETERY OR	CHAMA	dery	3	22d. LOCA	TION (Cit	y, town, c	r county)		(State	e)
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1. PLACE OF E	EATH						USUAL RESIDI	ENCE (Wh	ere deceased	l lived. If institu		nce befo	re admis	sion)
	Wi	comico			MARYLAND			Penna		D. CO0141	Phi	lade	lphi	a
	TOWN (If a	utside corporate limi	its, write	c. LENGTH O	F STAY IN 16		c. CITY OR TO	OWN (If o	utside corpoi	rote limits, write	RURAL ond	give nec	rest tow	n)
-	lisbu			2yr	S		Phila	delph	ia '				22	12.1
d. NAME O	F HOSPITAL	(If not in hospital, g	ive street				d. STREET AD	DRESS					•. 15 RE	SIDENCE FARM?
		and Morr	is St	S		14	112 Ba	rring	St					NO [X]
NAME OF		Fir	st		Middle		lost		4. DATE OF	Mo	onth	Do	у	Yeor
(Type or pri	nt) Be	njamin		H.	W	est	on		DEATH	7	,	7		19 58
. SEX	6	COLOR OR RACE	7. MARR	IED NEVER	MARRIED	8. D/	ATE OF BIRTH			9. AGE (In year		The second second		ER 24 HRS.
Male		AA	WIDOW	DE DI	VORCED [2	- 26-1	888		lost birthday)		Doys	Hours	Min.
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Emil	Westo	n					Elvi:	20	Brow	A730				
S. WAS DECE	ASED EVER II	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURI	TY NO. 17.	INFO	RMANT	1 61	27.01		dr S ali	ahum	l.	(a
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lying cou		(c)							S. Park			/	
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(IF EITHER,	DENT WAS I	JNDERLYING DEATH CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJ	URY OCCURR	ED. (Er	nter nature of	injury in P	ort I ar Part	II af item 18.)	TES.			
	OF INJURY	Month, Day, Ye	or 20d. It While	Not while		LACE (OF INJURY IH	ame, farm, bldg., etc.	20f. (City	or town)	1796	(County)		(State)
WE	p. m.	19	of wor						10	1	1			
21. I cer	rtify that	al attended the	decease	ed from	7/20	20	19 18	to 7	Tack	9 , 19	What I	last so	w the	deceose
alive on	n 1	nh n	19	10	that deat	h occ	curred of_		M from	the couses	0			
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ACTUAL	E /2/	THIN	me.	11		M.D.	652	. W	ma			P	Yes	45
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PHYSICIA! NAME (Ty		E. A. Pu	rnell	652 W	. Main	St	. Sal	isbur	y, Md					
20. BURIAL, C	REMATION,	226. DATE THEREC)F		F CEMETERY					ION (City, town	ar county)		(Sta	le)
Buria	(Specify)	7-11-195	8		awn Cem					adelphia			(5.0	
3. FUNERAL D				ADDRESS				24a. REC'E	BY REGIST		SISTRAR'S S	IGNATUR	RE	
		t Punamal	77					DATE	- 1 NEO131		1	= 0		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 8545 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE P b. COUNTY MARYLAND TARYLAND SOMERSET death. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) PRINCESS ANNE NAME OF HOSPITAL (If not in hospitat, give street oddress) OR INSTITUTION NINSTITUTION OF DETAL d. STREET ADDRESS NAME OF First Middle 4. DATE Last Month DECEASED (Type or print) DEATH 6. COLOR OR RACE SEX 9. AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months WIDOWED | DIVORCED papers. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o 60.0 DUE TO ony Conditions, if ony, which gove rise to immediate DUE TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY IHome, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that I attended the deceased from 1952 that I last saw the deceased and that death occurred at X A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) BORIAL, CREMATION 2225. DATE THEREOF 220 NAME OF CEMETERY OR PREMATOR 22d. LOCATION (City, town, of county) page

08554

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO D

> > (Stote)

DATE SIGNED

(State)

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

DATE

ON A FARM? YES NO

Year

19 5

0 VS A15 (4) 15M 10/57

FUNERAL DIRECTOR'S SIGNATURE

THE STATE DEPARTMENT OF HEALTH LEARNING THE STATE ONE WE	
[2] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	
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14 Marie 1940 - 14 Anna 1940 -	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8555 Page director 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland Wicomico b. COUNTY MARYLAND death. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give negrest town) Powellville should ofter d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION at Home haurs Home NAME OF First 4. DATE Middle Month DECEASED 24 OF DEATH FRANK HENRY JULY (Type or print) within 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthdoy) July 8, 1887 Male White WIDOWED [7] DIVORCED [cample executed 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Worcester Co. Marvland Chickens Chicken Grower pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Annie Mxxxxxxxx Isaac H. Williams Mae Dennis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Mr. Holand 16. SOCIAL SECURITY NO Williams (Son Unk attending Pocomoke 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 420. DUE TO that þ ony Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certifica 5 WEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m While Not while at work at work 1958, that I lost saw the deceased 21. I certify that I attended the deceased from. detached death occurred at 8:30 Am, from the causes and on the date stated above. alive on and that ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE prior

Maryland PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Powellville, Maryland St. Johns Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SALISBURY 80 COMPANY DATE

Reg. Dist. No.

Wicomico

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

YES NO NO

(Stote)

DATE SIGNED

(County)

12. CITIZEN OF WHAT COUNTRY?

. IS RESIDENCE

ON A FARM?

YES NO

Yeor

Min

TO FUNERAL DIRECTOR: page 3 should be detact he registrar

HOSPITAL

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FOR STATE

or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,

DOLOE

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution:	Residence before admission
o. COUNTY	o. STATE b. COUNTY	-F 1/ L
b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b	Maryland	1016sT
ond give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RUR	At and give nearest lown)
Saliabury	Easton	20400
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDEN
Peninsula General Hospital	438 South Street	YES NO
NAME OF First Middle	Lost 4. DATE Month	Doy Year
	lliams OF DEATH 7	6 19 58
100	DATE OF BIRTH P. AGE (In years IFL	INDER TYEAR IF UNDER 24 H
TO WIDOWED TO DIVORCED TO		nths Days Hours Min.
Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST		2. CITIZEN OF WHAT COUN
during most of working life, even if refused)	A A A A A A A A A A A A A A A A A A A	Z. CHIZEN OF WHAT COUR
HOUSE WOYK Domesti	El Worth Carolina	U.SA.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joe Simmons	Georgie Longstor)
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. M	NFORMANT	1
244.16-5703 M	irs, Hilda Williams	EASton, M
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	7	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Disting and part of		ONSET AND DEATH
	ema	Card dam
IMMEDIATE CAUSE (6)	dema	Sudden
260 × DUE TO		
Conditions, if ony, which) (b) Coronary occ	lusion-	
Conditions, if ony, which gove rise to immediate cause (e), stoting the underlying DUE TO	lusion-	
Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse fost. Conditions	lusion-	24 hour
Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse fort. Conditions Coronary occ	lusion-	24 hour
Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse fort. Conditions Coronary occ	lusion-	21 hour Verys N PART 1(0) 19. WAS AUTOPS PERFORMED?
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word coding in pencil in Item 18. Give Pages 1, 2, and 3 to the furnish director. Page 4 should be farwarded to the Chief Med of Examiner's Office along with farm PM3. Page 5 may be retected for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Store Board of Health. VS. ATSME 5M 2/57

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855	6 CERTIFIC	ATE OF DEATH Reg. Dist. No.	(1855; Reg. Dist. No.			
ACE OF DEATH COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Wicomico				
CITY OR TOWN (If autside carporate limits, wri	te c. LENGTH OF STAY IN 16		-			

	a. COUNTY	.comico		MARYLAND	o. STATE Maryland b. COUNTY Wicomico								
	b. CITY OR TOWN (III RURAL and give ne	autside carporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR		nearest town)						
Fruitland allher life					X Fr	× Fruitland							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Church Street						d. STREET ADDRESS Church Street e. IS RESIDENCE ON A FARM							
3.	NAME OF	Fit		Middle	las								
	DECEASED (Type or print)	Henreitt			right	OF DEA		onth 7	Day 25		ear 958		
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTI	н	9. AGE (In yea			-			
	Female	AA	WIDOW	ED DIVORCED	7-15-189	92	last birthday		Days	Haurs	Min.		
100	. USUAL OCCUPATIO	N (Give kind of warking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPL	ACE (State or foreig	n country)	12. CITI	ZEN OF	WHAT	COUNTRY?		
	Housewife	ing life, even if refired		Home	Mary	Maryland USA							
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NAME							
	Henry Cris	field			Mami	e Lankfor	d						
	WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT		A	ddress					
110	No or onknown)	If yes, give war or dates of s	etaice)	None Mr	s. Mary l	Hutt, Chu	rch St.,	Fruitla	and,	Md.			
CERTIFICATION	Canditions, if an gave rise to in cause (a), stating the lying cause last.	The under- DUE TO (c) ER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH)) DITIONS (Hyperteus CONTRIBUTING TO DEATH AD CRIBE HOW INJURY OCCURRE	-		EASE CONDITION (IVÊN IN PART		WAS A PERFORMES	MED?		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m. 21. I certify the alive on	at I attended the	While at wor deceas	ed from March	h accurred at	to Com	om the causes (Street, city or jow	Bithat 1 1 and on the		states DA			
220	BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LO	CATION (City, town	, or county)		(State)			
	Burial (Specify)	7-28-195	8	Mt. Calvary	Cemetery	Fr	nitland,	larylar	nd				
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. REC'D BY REC		GISTRAR'S SIG					

F. Stewart Funeral Home, Salisbury, Md

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page ag physician. as been signed by the attending physician and completely filled as been signed by the attending physician and completely filled wind-tronsit permit. Then please remove carbon popers. Pages emayar and in any event within 72 hours ofter death. may be retained by the hospital or attend
TO FUNERAL DIRECTOR: After this certific
page 3 should be detached far use as the
the registrar prior to burial, crematian, or

by the funeral director, ad 2 should be filed with

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VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH. The second secon mademil operations, at the case seem of a confidence of manner of the case